

CHOICE OF INFANTUM
TYPHOID FEVER
AND
APPENDICITIS

JOHN H. FLENN, M. D.

Charles

H. R. Owen

1910

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DR. TILDEN'S NEW
BOOK

THE ETIOLOGY
OF
CHOLERA INFANTUM
TYPHOID FEVER
AND
APPENDICITIS

WITH THE
HYGIENIC AND DIETETIC TREATMENT
AS APPLIED BY
JOHN H. TILDEN, M. D.

Editor and Publisher of
"A STUFFED CLUB"

Written in a semi-technical style for popular as well as
professional reading

It is the author's opinion, verified by years of practical experience, that
laymen should be well informed on all subjects pertaining to
health, and that the more they know the better
success the attending physician can have

DENVER, COLORADO
1909

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The Merchants Publishing Co.
Denver

DEDICATION

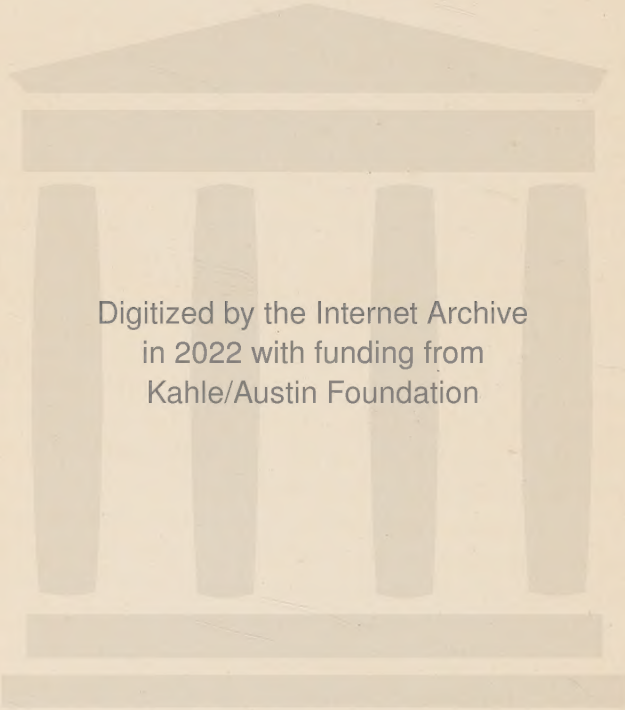
It is with sincere pleasure that I dedicate this volume to my friend, pupil and assistant, DR. R. L. ALSAKER, to whom I am indebted for valuable services rendered in compiling and bringing to my desk the latest data from the recognized best authorities on the subjects discussed in this book.

MY CREED

The person who is living a life of sensual indulgence—gratifying lust to the point of physical exhaustion—should consider himself in line for any disease that his environment favors, for it should be understood that disease is the sum of a multitude of elements. Environmental influences are local as well as general, and they are endemic as well as epidemic in character; add to these a body devoid of its normal resistance and then subjected to illogical treatment and the sum will be the disease; hence, as it is impossible to find two people just alike, two environments just alike, two treatments just alike, it can plainly be seen how utterly impossible it is to find two cases of a supposed specific disease just alike.

The above statement being true, the absurdity of discovering a unitary entity of some sort that will act as an immunizing agent must appeal to any man or woman of intelligence.

A multiple causation must be met by an opposing treatment co-equal in elemental constituents.



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FOREWORD

I was graduated as an M. D. in 1872. I practiced my profession after the manner of my college teachings for several years, with indifferent success. According to the world's estimate and according to the profession's standard of success I had no right to complain, but, from the first year of my practice until I ceased entirely the internal administration of drugs, I was unhappy and most of that time so dissatisfied and miserable that my constant desire was to abandon the profession, and this I should have done if it had not been for my father, who lived for fifteen years after I entered the profession, and who would have been disappointed, displeased, and unhappy had I done so. He was a physician, and he thought I was a wonderful success, on the order, I presume, that every crow thinks its own young the blackest.

My dissatisfaction kept me squirming continually. I investigated the theories of all the schools, and found that on fundamental principles they all agreed, and to-day there is really no difference except in the mode and manner of administering drugs. For commercial reasons the leaders in the dominant schools try to make it appear

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that there is a great difference—the colleges must have students and there must be enough difference to make it an object for students to select or have a preference. The *old school* thinks there is not enough difference to justify the maintaining of sect lines, and it generously offers to swallow all of the other schools, but the other schools have money invested in colleges, and if they are to get anything out of their investments they must have students, and to get students they must show how much superior their systems of practice are over the old school.

The fact is, however, that the medical colleges are not teaching how to cure. They have not gone into the curing business. The whole thing is an ingeniously constructed business scheme. Students are instructed in the *doctoring business*. When they receive their diplomas they are ready to sell prescriptions at so much per. Ordinarily in the city there is an established price of two dollars per office call, and two to three dollars for a visit. These prices are for what? A look at the tongue, a feel of the pulse, and “How’s your bowels?”

When the patient leaves the doctor it is a case of the parting of two fools.

I kept investigating until I arrived at the truth, that *drugs can’t cure anything*; but before I arrived at that truth—before it became a part of me—I proved to my own satisfaction that there

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is no disease that is not the consequence of broken law; that every pain or ache, every bad feeling, every departure from bodily health and mental happiness, is caused by breaking the laws of nature; and when I discovered this truth I discovered another just as good, great and important, namely, that there is but one way to cure, and that is to stop breaking the laws. After that I was not long in arriving at the truth that drugs cannot possibly cure anything, for they cannot teach people how to avoid breaking natural laws.

After stumbling on these common, everyday truths—truths so simple that they are priceless—their exceeding simplicity make them absolutely unrealizable to a world that is educated into the intricacies of complexities—I set about trying to apply them in the place of the more scientific principles I had brought from college. It was an uphill business, for I was compelled to fight against my own scepticisms, and when at last I myself was fully convinced, the struggle of my life came. To educate the people meant incessant work against everything and everybody. There is only one thing that can keep a man going when there is no one to encourage him—no one to sympathize—and that one thing is *Truth!* When truth has at last been found and proven, after every other supposed truth has been tried and found wanting, a man can stand alone if necessary. He will meet with all sorts of opposition,

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but the worst is misrepresentation. This I encountered, and it was waged so long and strong that it became necessary for me to defend myself—make some arrangement by which I could reach the public ear and tell the prejudiced public mind my side of the story—hence the first day of May, 1900, I launched my magazine, *A Stuffed Club*, and it certainly has been more than a match for the opposition, for since then I have made hundreds of friends to every enemy, and when I started it about all the friends I had were the yellow dogs and a few others.

Friends have been clamoring some time for books—books on practice, books on diet, books on this, that, and the other thing; but my professional work has so fully monopolized my days that I have had no time to give to “*A Stuffed Club*” except time that I should have spent resting and sleeping; hence it has been impossible to meet the demand for books giving my plan of treatment.

Others are now lightening my burden, and the work of bringing this book out has been made possible.

The reason I give my first spare time to the three diseases found treated in this book is because I think they are especially important. Other books will follow as time and necessity demand.

I sincerely hope that the physicians who adopt the suggestions I have given for the management of these three diseases will meet with the success

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that I have enjoyed, for if they do the burden of care and responsibility which must come to those who practice an unsatisfactory plan of treating dangerous diseases will not be felt by them any more, and from now on the practice of their profession will be a pleasure instead of a dreadful uncertainty.

I hope parents and friends of the sick will read this book carefully, so that they can help to disseminate its truths. Physicians who adopt this plan need the moral support of all laymen who understand it, and I hope the friends of "A Stuffed Club" will do all they can to popularize the system.

Remember that if my plans are carried out only half way—in a cowardly and inefficient manner—your failures can't be charged to me. Bear in mind that I have not come out prematurely. I am not a young man, and I am not springing a recent, unproven theory. I can't be accused of rushing into print.

There are books already on the market anticipating the demand I have made through "A Stuffed Club."

Many have wondered why I have been so slow in filling the demand that the Club has created. I believe in thorough preparation, and I have no fear of any writer filling a demand I have made or can make. It is impossible. Others recognize

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the need, but they can't possibly fill it, for no one can fill a need made by some one else.

To those who feel a fear or hesitancy in following my treatment let me say: Put your fear away and follow to the letter, and you will not regret it. The nearer my instructions are carried out in every case the sooner all doubters will be convinced.



ANATOMY AND PHYSIOLOGY

Cholera infantum, typhoid fever and appendicitis are diseases which localize in the intestinal tract. In order to understand the significance of these diseases it is necessary to have a reasonable understanding of the anatomy and physiology of the alimentary canal, and this I shall endeavor to impart, using as little technical language as possible.

The alimentary canal is a tube, varying in diameter in different parts. It begins at the mouth and ends at the anal aperture. Its length is about thirty feet. For convenience of study it is divided into mouth, pharynx, esophagus, stomach, small and large intestines.

The mouth is a cavity especially adapted to the purpose of receiving food and preparing it to be swallowed. Its functions are very important; indeed, quite complex. It can truthfully be described as a compound organ, for it is made up of several organs. There are the upper and lower jaw bones, and they are covered with the gums, a tough fibrous tissue. The bones and gums furnish a support for the teeth which are imbedded in

them. On the outside of the jaws, gums and teeth are the cheeks and lips, which not only enclose and protect them, but furnish mechanical aid in pressing the food, when it gets on the outside of them, back under the teeth and into the mouth proper.

There are secreting glands in the cheeks lining the outside of the mouth, called buccal glands; they secrete buccal mucus. About in the middle of the inside of the cheeks is the opening of the Duct of Steno (Stenson's Duct). This duct is about two and one-half inches long, and carries the secretions from the parotid gland into the mouth. Inside of the jaws and teeth is the cavity of the mouth proper. The tongue fills the floor of the cavity, and under the tongue are the sublingual glands. The roof of the mouth is a bony arch made up of the superior maxillary and the palate bones, covered with tissue similar to the gums that cover the jaw bones, and mucous membrane, which is more or less corrugated.

The mouth is for the purpose of masticating and insalivating the food.

Ill health and unnecessary suffering are often due to the fact that people fail to use the mouth as they should when eating. The digestive secretions cannot be expected to act as they should unless the food is ground fine and thoroughly mixed with them. If the food is not properly masticated—this is especially true of the starchy

foods—fermentation takes place in the stomach and bowels, with its resulting ills.

The tongue is a muscular organ covered with mucous membrane and supplied with the special nerves of taste. It aids in swallowing by starting the food on its way to the stomach. Its motor functions are those of feeding the teeth in mastication, and it aids the lips, teeth, and vocal cords in vocalization.

The mouth, like all the rest of the alimentary tract, is lined with mucous membrane, which is studded with glands that empty their secretions upon the surface.

There are three sets of glands comprising those known as the salivary glands, the ducts of which open into the mouth. These glands are named parotid, submaxillary and sublingual.

Those situated in front of the ears are called parotid glands; they are the largest in size, and are enlarged and sensitive during the course of the disease known as mumps. The submaxillary glands are next in size, and they empty their secretions through the Ducts of Bartholin, which open under the tongue.

The sublingual glands are the smallest of the salivary glands; their secretions are emptied into the mouth through Wharton's Ducts, which often open in common with the Ducts of Bartholin. These are the glands that secrete the fluid known as saliva.

The saliva should always be used (instead of water or other fluids) to dissolve the food and bring it into a liquid state before it is taken into the stomach. If the only function of the saliva were to liquify the food, water or any other fluid would do just as well; but the saliva contains a digestive ferment, ptyalin, which converts starch into grape sugar. If other fluids are used to dissolve the food we eat and it is swallowed without being thoroughly mixed with the saliva so as to secure the action of the digestive ferment, ptyalin, acid fermentation takes place, the stomach and bowels fill with gas, and many disagreeable symptoms peculiar to dyspepsia develop.

In infancy this is the only starch digesting ferment as yet developed, and even this is very slight. The rule is that children cannot take care of the decidedly starchy foods before they are through teething, and great care should be taken not to overtax their digestion, for gastritis will be the result.

In matured or older people a similar ferment is secreted by the pancreas, a gland six or eight inches in length, situated in the upper part of the abdomen. It is known as the belly sweetbread of animals. It empties its secretions through the pancreatic duct into the duodenum near the point of entrance of the bile duct from the liver.

It would be well for laymen to remember the difference between the digestion of infants and

the digestion of older children and adults; because of this difference, infants should not be fed starchy foods; but if for some reason it is decided that a little starch shall be given it should be in the form of thoroughly toasted bread, which the little folks can gum and suck until it is softened by being mixed with the saliva.

Bananas are a bad food for babies, for they are very starchy. If they were not objectionable on account of being starchy, they are especially a bad food because they are so smooth and slippery that they are swallowed in large, coarse pieces or chunks. This is what is called bolting or swallowing the food whole. Very few children are taught to chew properly, and it is especially hard to keep quite young children from bolting their food. Instead of feeding children their starches in the form of mushes and soft bread they should be fed dry, flaky foods and hard bread in the state known as twice baked bread, commonly called zwieback. Attention to this point alone would greatly reduce the amount of diphtheria, tonsillitis, quinsy, and other throat, nose, and lung diseases in children, in spite of the fact that these diseases are said to be brought on by special bacilli.

At the back of the mouth is the pharynx; it is the link between the mouth and esophagus, and is popularly known as the throat. In a medical sense the throat is the constriction between the

mouth and the esophagus. It is encircled by a chain of lymphoid tissue, made up principally of the tonsils. The tonsils proper are two glandular bodies, one on each side of the throat. Each tonsil is made up of an aggregation of follicular glands, numbering ten to twenty. The lingual tonsil is at the base of the tongue. The pharyngeal tonsil is in the upper part of the pharynx. When this becomes inflamed and swollen it is called pharyngeal tonsilitis, and when the inflammation extends and involves the soft palate an abscess may form, and then the disease is called quinsy.

Frequent inflammations of the throat are liable in time to affect the ear through the Eustachian tube, which leads from the throat to the ear.

The pharynx communicates directly with the mouth, the nose, the larynx (which is the first passage toward the lungs), and the esophagus, and with the ears through the Eustachian tubes.

The esophagus is a tube measuring in the adult about nine inches. It is a continuation of the pharynx, and its function is to carry food and drink to the stomach. This passage is liable to become constricted from injuries produced by swallowing caustics or scalding fluids. Children are prone to put almost everything they get hold of into the mouth. Small lumps of lye have been known to be swallowed by children; if strong

caustics stay in contact with the mucous membrane any length of time they cause sloughing, and after healing takes place contraction or constriction often takes place, and this closing up is called stricture. Grown people injure the esophagus by swallowing such drugs as carbolic acid with suicidal intent, and if they do not die they are liable to have constriction of this tube. The disease is hard to treat, and results are not very satisfactory, for constriction follows dilation sooner or later. A complete cure cannot be promised.

Sometimes foreign bodies lodge in the esophagus, and they should be fished out with suitable instruments or pushed into the stomach.

This canal has been known to be closed, or partially closed, by tumors growing in the chest—in the mediastinum—and pressing upon it.

I have seen a case or two of cancer at the opening of this tube into the stomach, and a few cases of constriction of this passage due to ulceration.

The stomach is the most dilated portion of the alimentary canal. Contrary to popular opinion, it is not located in the lower portion of the abdomen, but is situated in the upper part, and a portion of it lies on the left front side, behind the ribs. It varies in size according to its contents. Its walls are similar to those of the intestines, except that the stomach has three dis-

tinged layers of muscular fibres, whereas the intestines have only two.

The stomach serves not only as a receptacle for food, but it performs a very important part in the process of digestion. The muscular walls contract and perform other movements which turn and churn the contents of the stomach so that the gastric juice can become well mixed with the food.

The contracting, relaxing, and other muscular movements of the stomach serve the further purpose of passing the food as fast as it is acted upon by the gastric juice through the pylorus into the duodenum, the first and shortest section of the small intestine.

When the eating is imprudent, and a greater amount of food is taken into the stomach than can be digested, acetous fermentation takes place. In time, if overeating continues, chronic irritation of the mucous membrane is induced; from irritation chronic inflammation evolves, and this in time ends in ulceration or cancer. These diseases usually manifest in the lower portion of the stomach or involve the pylorus. In some cases the irritation from the acid is so great at the pylorus that a constriction takes place, which is partly due to a thickening of the mucous and submucous tissues and partly to spasmodic action. This is a disease that matures in a much shorter time than is required by ulcer or cancer to develop, but the symptoms of retention of food in the stomach are much

the same. If these cases are operated upon—if gastroenterostomy is performed—the cure will be complete, whereas in cancer the patient succumbs to the disease in a short time after the relief by operation is given. Those cases that are saved by operation can be saved by correcting dietetic errors and washing the stomach daily till well. The operation is not necessarily dangerous, for it is not accompanied by a great amount of shock.

When so serious a disease as cancer can be brought on from abuse of the stomach, by not thoroughly masticating and insalivating the food, and by forcing more food into the organ than can be properly cared for, it is time for a little popular education on the subject of right living and a better general knowledge of the consequences of improper eating.

There are small glands in the walls of the stomach that secrete the gastric juice; this secretion contains pepsin, hydrochloric acid, and a ferment—rennin—which coagulates milk. It is quite probable that nursing children, and the young of all mammalia have more rennin than they have in after life. Possibly, if this is true, it is due to the laws of economy which obtain in biology; if an organ falls into disuse it tends to extinction. To discontinue the use of milk as the principal article of food relieves the organism of the necessity of furnishing rennin; hence it is reasonable to believe that the secretion of rennin will be dis-

continued when not needed, and if a demand is not made in time the organ will become extinct or the secretion will be changed in its properties to meet the changed demand; but, so far as the digestion of milk is concerned, that particular property may be permanently lost. To this fact is due the unpleasant symptoms that some people experience on resuming the use of milk after having discontinued it for a great many years; their digestive organs are not prepared for it, and it causes more or less shock. This is true of all foods and drinks.

After the power to digest milk has been partly lost, it can no doubt be restored if a small quantity is taken to start with, and the amount is increased gradually.

Pepsin digests proteids. Proteids is a general term for albumins, and albumin is the chief constituent of the body and of all organized bodies, either vegetable or animal. It is composed of carbon, hydrogen, nitrogen, oxygen, and sulphur. The white of the egg is so largely composed of it that it is called albumin. It is generally understood that meat, fish, eggs and milk are taken care of by the stomach, while those foods carrying a large per cent. of matured starch are taken care of by the mouth and the bowels. This, of course, is a rough, general division, but in the main correct.

In order to become active—to exercise its

greatest digestive power—pepsin requires an acid medium, and this is provided for by the glands that secrete hydrochloric acid.

It is well to remember that the proteid foods are digested in the stomach, and to secure the best and most rapid digestion the stomach secretions must be acid; but the opposite is true of the decidedly starchy foods; they must have an alkaline medium. Just a little reflection and one can see how necessary it is to keep the starchy foods in the mouth as long as possible and to avoid eating acids at the same time.

Much is said and written these days on the subject of hyperchlorhydria and deficient acid secretion, but I find the trouble due to dietetic errors, and not very hard to overcome if the patient will follow instructions.

The amount of gastric juice secreted in twenty-four hours is supposed to be from six to fourteen pounds.

How much absorption takes place in the walls of the stomach is not settled; it is generally conceded that the amount is small.

The prevalence of stomach trouble in the United States is so great that it is recognized as peculiar to us as a people. It is due to carelessness, hurry, worry, overwork, rapid eating and immoderation in all lines. One of our many bad table habits is that of drinking while eating, and the fluids taken are either ice cold or so hot that

they will burn, and in the course of time build a disease of the mucous membrane. In either case, drinking too hot or too cold fluids, the result is the same; they both set up a slight, temporary irritation, possibly inflammation, and after this has been continued for years the digestive function becomes so impaired that a chronic disease of some kind is the result. Just what the character of the disease will be depends upon other factors. It may end in ulcer or cancer.

People eat too much and chew too little. Food is taken into the stomach in large, coarse lumps, which irritate and enfeeble the organ, so that it cannot digest this unchewed food; hence it ferments, and as a result of this fermentation gas is generated, which distends the stomach, further impairing its motor power. Sometimes this distention is so great that it presses so hard on the diaphragm that labored breathing and palpitation of the heart ensue. When gas distention continues for some time those who are troubled with it become very nervous and are often treated for neurasthenia.

The pylorus is the opening between the stomach and small intestine, and is guarded by a valve which is the mucous membrane thrown into a fold. The opening is surrounded by a band of strong, muscular fibres, and when they contract communication between the stomach and the intestines is cut off. This is necessary during

stomach digestion, otherwise the stomach contents would be forced into the bowels too soon, and the contents of the bowels would be driven into the stomach.

When food enters the stomach the pylorus closes, due probably to the mechanical stimulation of the food. So long as the digestive act is in progress this stimulated contraction of the pylorus continues. This closing up is brought on by the same stimulation that causes the whole organ to take on the activity peculiar to it when functioning, and the relaxation comes with the completion of the digestive rhythm. The closing up is not so complete but that fluids can pass, and, as I said above, as fast as the food is acted upon and rendered fluid by the enzymes it is permitted to pass this valve. Why the stomach contracts at its orifices and retains food for a given time, and then relaxes and allows anything that has not yet been brought to a fluid state to pass out, has not been explained so far as I know. My explanation is that the stomach, the same as all organs, is subject to rhythms peculiar to itself. The length of time that it is closed to permit the digestive act to take place must be in keeping with the general health, tone and bodily vigor; and the kind and quality of the food must have something to do with determining the length of time required. Until food enters the organ it is collapsed; the walls are together and more or less folded. When food

enters it takes on life and begins a continuous moving and the glands pour out their secretions. The stimulating effect of the food which starts this activity must be wholly mechanical, for the digestive act has not had time to dissolve the food, have it absorbed, and stimulate the nerves through the process of digestion; hence the activity at first must be mechanical; secondly, it is kept in existence through the invigoration of the local absorption of the peptones (the finished products of stomach digestion). When the digestive power is expended—when all the food has been acted upon that the secretions have the power to dissolve—the act stops, the muscles relax, and what is left in the stomach passes out.

It is easy to see that the general bodily health has a great deal to do with this act. A body full of life and vigor can furnish more and better digestive secretions, and the more nutritious the food the more vigor. If there were not a limit to growth this kind of digestion and assimilation would keep the body growing indefinitely, but there is a limit; when that limit is reached, more material than necessary to keep up the repairs and supply the waste becomes a surplus. All surplus is obstructive, and obstruction becomes disease. The supply must be cut down or premature death will end the conflict, for it is a fight of appetite against nature's limitations.

The rest of the alimentary canal is called the

intestinal tract. It is a musculo-membranous tube which begins at the pyloric end of the stomach and ends at the anal orifice. The intestines are divided into small and large. In the average adult they are from twenty-five to thirty feet long, the small intestine making up about four-fifths of this length.

Although the small and large intestines differ in many respects, their walls are quite similarly constructed. They are composed of four coats or layers. On the outside is the serous or peritoneal coat, which is a glistening, bluish membrane that surrounds all the abdominal organs, either wholly or in part, and keeps them from adhering to each other. This membrane covers the intestines and is reflected over the internal walls of the abdomen, forming a closed sac; this is known as the peritoneal cavity, and is empty except for a little serum. In what is known as abdominal dropsy this cavity is filled with the dropsical fluid. This covering, or peritoneum, holds the organs loosely in position. In the folds of this membrane where they come together are the blood vessels and nerves which supply the intestines.

Beneath the peritoneal coat is the muscular coat, which is composed of two layers; the first is a very delicate layer of fibres that run in the direction of the intestines, that is, longitudinally; the second layer is stronger and its fibres run at a right angle to those of the external layer, en-

circling the intestines. In the small intestine the longitudinal muscular fibres are quite evenly distributed, but in the large intestine the fibres are arranged in bands.

The function of the circular fibres is to contract and move the intestinal contents away from the stomach. It is very important to understand this. The contraction results in a motion called peristalsis, a vermicular movement. It begins with a constriction at the upper part of the bowel and this constriction travels downward rapidly; as the constriction travels down the gut, the relaxation follows immediately behind, giving a very realistic appearance of the movement of a serpent. To make myself better understood I shall liken this movement to stripping the thumb and forefinger rapidly down a rubber tube, the contents of the tube passing in front of the thumb and finger and the collapsed tube immediately resuming an expanded state behind the fingers. This figure will be referred to when I take up the subject of appendicitis.

This is the movement that forces the contents of the bowels from above downward. In diarrhea the irritation of the mucous membrane of the bowels causes a decided increase of these movements and much pain. This is the movement that forces onward anything the bowels contain, and if there is any obstruction to the onward movement of the bowel contents, that is, in front of the

traveling constriction, the peristaltic movement stops, but not without excruciating pain.

Peristalsis is set up when food is taken, also when cathartics are given, or when large quantities of water are imbibed at one time.

Beneath the muscular coat is the submucous coat, which is composed of a loose meshwork of tissue, in which numerous nerves, blood vessels, and glands are found. This loose structure is for a purpose. In congestions and engorgements, which these parts are predisposed to, there is not so great danger of fatal results as there would be if the structure were made of denser tissue.

The innermost coat is the mucous membrane, which is like mucous membrane elsewhere except that the function of absorption is more highly developed. This is also purposive. It is through this membrane that man is fed, and it must be capable of large functioning.

For convenience the small intestine is divided into three portions—the duodenum, the jejunum, and the ileum. The duodenum is the portion which begins at the pyloric orifice of the stomach and it is only about ten inches long, curving back on itself as it were, resembling much the shape of a horseshoe; in its convexity it receives the head of the pancreas.

After stomach digestion is completed the contents are emptied through the pylorus into the duodenum. In this short section of the intestines

are the openings of the ducts which convey the bile from the liver, and the pancreatic juice from the pancreas. The pancreas empties its secretion into the intestine through two ducts. The largest empties in common with the bile duct, the second a short distance above.

Late authority is inclined to look with more favor on intestinal digestion than on stomachic, and declares that contrary to popular opinion, the stomach is not the most important digestive organ; it does not change any food materially except the proteids, but in the small intestine all kinds of foods are digested.

The pancreatic juice contains four important digestive ferments: A ferment which changes starch to sugar, the action being similar to that of the ptyalin in the saliva; a ferment which finishes the proteid digestion which is not completed in the stomach; a ferment which digests fats, and it may be of interest to note that this is the only place where fats are digested; and a ferment which curdles milk, a similar ferment being secreted by the stomach.

The pancreas may be likened to a sentry or inspection officer stationed at the port of entry to the intestines, clothed with power and authority to naturalize and make citizens out of all aliens who have thus far escaped the attention of other officers.

There is no doubt but some excellent work is

done by the secretions found below the stomach, for rapid eating—the bolting of food—is universal, and the average person consumes so much of the carbohydrate foods (starch) that are scarcely touched by the saliva that, unless they were attended to after leaving the stomach, there would be much more invalidism than there is.

Next to the duodenum is the jejunum, about eight feet long; then the ileum, about twelve feet long. The ileum opens into the cecum, which is the beginning of the large intestine. At their junction is a reduplication of the mucous membrane which forms a valve that is capable of shutting off communication between the small and the large intestines, thus preventing backflow from the large into the small intestine; it is called the ileocecal valve.

The process of digestion continues in the jejunum and ileum. The mucous membrane of the small intestine is thinner than the lining of the stomach. It is highly vascular. Everything about the abdomen is either full of blood or capable of carrying a large amount. The bowels come next in importance to the brain. The lining of the bowels has a soft, velvety feel, and during digestion it has a very red appearance because of being filled with blood. The mucous membrane of the small intestine is plaited or folded, and these folds are called *valvulæ conniventes*. The following glands are found in the small intestine:

Racemose glands, or Brunner's glands; intestinal tubules, or follicles of Lieberkuhn; intestinal villi; solitary glands or follicles; agminated glands or patches of Peyer.

The *valvulae conniventes* are simply transverse duplicatures of the mucous membrane of the small intestine. These folds serve a purpose similar to the convolutions of the brain, namely, they increase the extent of surface. Once it was thought the size of the head indicated the brain power; to-day it is a question of surface. It does not matter about the size of the hat, it is a question of brain texture and the extent of the convolutions and the depth of the *sulci*. The same is true of the intestine; these folds increase the extent of the absorbing surface. It is here that the nutritive properties of the digested foods are absorbed and enter the capillary veins, which unite to form larger ones, these at last uniting in making one large trunk, the portal vein. This vein conveys the blood to the liver, where it breaks up into small branches, and these again into minute or capillary vessels, which ramify throughout the substance of the liver.

One of the functions of the liver is to modify the blood. It changes and fits the absorbed products that have been brought from the stomach and intestine, to perform their functions, the principal one being the renewing of the muscular structure of the body. The liver also extracts the

surplus sugar from the blood and stores it in the form of glycogen. There is another set of vessels in the liver the reverse of those described above. They start as capillaries, unite, grow larger, then again unite and form several hepatic veins (generally three), tributaries to the inferior vena cava. These vessels are for the purpose of gathering the blood that has been acted upon by the liver. The vena cava ends in the right side of the heart. From here the blood is sent through the pulmonary arteries to the lungs, where it gets its load of oxygen. These are the only arteries in the body that carry venous blood. The pulmonary veins carry the blood back from the lungs to the left side of the heart, and they are the only veins which carry arterial blood. From the heart the blood is carried by the great arterial system and is distributed to all parts of the body, conveying nutriment and oxygen with which to impart life and vigor to the entire organism.

There is a popular opinion that digestion takes place in the stomach and bowels, but this is erroneous. The food is subdivided by the teeth, and made into simpler elements by the digestive juices met with in the mouth, stomach and bowels. But the process of metabolism—assimilation, tissue building, and destruction, the expelling of waste—takes place in the cells. While dissolving, as is done by the stomach and bowels, is simply preparing the food to be assimilated. It cannot

be said that food is digested until it has been appropriated by the millions of little cells of which the human body is composed.

The absorption of fat is somewhat different; it takes place in the small intestine, which is studded with millions of little projections called villi; these take up the fat and transfer it to small vessels contained within, called lacteals, which are a part of the lymphatic system. The lymphatic vessels carry the fat, which is very finely divided, to the thoracic duct; this is a large lymph vessel that begins in front of the spine, in the small of the back, and ascending anterior to the spinal column, opens into the left subclavian vein, where it joins the jugular vein beneath the collar bone; here the lymph containing the fat is mixed with the blood which flows through the great veins into the right side of the heart. It then takes the same course as the blood carried to the heart by the inferior vena cava.

The lower part of the ileum contains patches of glands, lymphoid in character, called Peyer's patches. These patches are made up of a number of solitary glands. Like all glandular structures, they are easily inflamed, and they are the seat of the bowel lesions in typhoid.

The large intestine is also divided into three parts: the cecum, the colon, and the rectum. Its average length is about five feet. Under the name of cecum it begins in the right anterior side of the

lower part of the abdomen; thence it ascends to the liver; then turns and crosses the abdominal cavity to the left and backward; under the spleen it makes a turn downward and continues to the lower part of the abdomen, where it terminates under the name of rectum.

The cecum is a pouch; its lower end is blind and its upper end opens upward into the colon. The small intestine opens into the upper part, and the opening of the appendix is generally in the right and posterior part of the cecum.

The appendix is similar in structure to the intestines. It varies in length from less than one inch up to nine or ten inches. Its lumen is very small, and sometimes its opening into the cecum is partly closed by a fold of mucous membrane. The most generally accepted theory of its formation is that at a certain stage of fetal development a part of the cecum fails to grow, and the result is a narrow musculo-membranous tube.

Authorities differ as to its function. Surgeons think that it is a useless organ and ought to be removed, for, they say, it is a menace to health. Others think that its secretion acts as a lubricant for the large intestine. As our knowledge of the human body increases we find functions for organs that were previously considered useless, so it is reasonable to believe that some day we shall know with certainty what the functions of the appendix are. This small organ has

been made the excuse for more operations in the last few years than has any other organ in the body.

The large intestine is a sewer which conveys the undigested residue of the food out of the body. Refuse from all over the body is thrown into the large intestine. If this waste material is allowed to accumulate it slowly poisons the system.

The absorptive power of the large intestine is not as great as that of the small intestine, but when the stomach is so irritable that it rebels against taking water the mucous membrane of the large intestine can be depended upon to absorb enough to satisfy the requirements of the system when given by enema.

The rectum is often diseased, and constipation is one of the principal causes. The blood vessels which carry the blood away from the rectum are so situated that they are compressed when there is constipation; the result is stagnation of the venous blood and dilation of the veins, and this is called hemorrhoids or piles.

The alimentary canal is probably more abused than any other part of the body, so it is not at all strange that it is so often diseased. The three diseases which are described in this book are the most frequent, hence the most important, even if not so dangerous as some others.

FUNDAMENTALS OF THERAPEUTICS

What did my experience teach me? It taught me two or three vital therapeutic measures that will stand as solid as the universe, and will never be supplanted nor extinguished until time is no more. Those measures were then and are now: Warmth, quiet and abstinence.

CHOLERA INFANTUM

CHAPTER I.

Definition: Cholera infantum is an inflammatory disease of the alimentary canal that prevails in the summer months, and in some localities it is the cause of more dread and anxiety to parents than any other disease peculiar to childhood, because it is fatal to so many of their little ones between the ages of one and two years.

There are other diseases in the same class which should be known and understood, for if they are not they will be confounded with cholera infantum and cause unnecessary anxiety. They are called by various names, such as: Gastro-intestinal catarrh, summer diarrhea, summer complaint, and gastro-enteritis.

If the disease is confined to the stomach it is called gastritis; if it involves the stomach and the bowels it is known as gastro-enteritis; if the small intestine is affected without involving the stomach it is enteritis; if there are copious discharges of mucus the name applied is muco-enteritis; if the disease affects the large intestine, as well as the small, it is called entero-colitis, ileo-colitis or

diarrhea; if the rectum becomes involved it is dysentery.

When the disease is located in the large intestine and rectum it is usually more inflammatory in character than when located in the stomach and small intestine.



CHAPTER II.

Etiology: The etiology or cause of this disease is not one thing, nor a few things, but many things.

A predisposition to stomach and bowel trouble in infants is often laid during the gestation period. Mothers often live in a haphazard way, aping custom, as unconscious as fools that their every act, thought, and deed not only shape their own lives and destinies, but also the lives and destinies of unborn human beings whom they are calling into existence without their consent.

How few mothers realize the awful responsibility as well as the divine privilege of child bearing! Of those who have the comprehension I will ask: What is there that can equal the privilege of being the author and builder of a human being? I shall take pleasure in pointing out to those who would be real mothers—mothers of superior children—and willing to be taught how to liquidate their debts to nature, in some small part, and know how to avoid, as much as possible, handicapping their prospective children with physical and mental weaknesses; to these I shall point out, not only in this book, but in others I shall write, in what way mothers do their children harm and in what way they can do them good.

Because of conventional customs and the general and prevailing ignorance, most children are brought into the world handicapped in many ways, all of which are entirely unnecessary.

Ignorance can be palliated in or conceded to the masses; but the leaders of society, the literary, ethical, and religious teachers have no excuse; hence the cause of sensuality in their lives, to the extent of disregarding the rights of their own children—to demand as pure and wholesome a conception and gestation as the knowledge of the day will permit—must be ascribed to *degeneracy*.

Prospective mothers are too often given over to cultivating sensuality, satisfying morbid appetites and desires in eating, drinking and otherwise living unwholesomely and unwisely.

There is a dietary fallacy, quite wide-spread and unfortunately too generally practiced for the good of the children, namely: "A pregnant mother should eat for two." Beside this fallacy there are others too numerous to mention. It is generally believed that mothers should be indulged in everything they wish, that it is unwise to deny them anything, especially in the eating line, and as a result of this false teaching many indulge themselves to such an extent that they soon cultivate many morbid desires, and in undertaking to satisfy them they bring upon themselves a very perverted state of health, both physical and mental. The stomach suffers greatly from

indigestion, as a result of being oversupplied with food, and the prospective mother becomes very irritable. I have seen many who lived so irrationally that they made themselves and those around them miserable during their entire pregnancy.

If a mother would have an obedient child—a tractable, lovable, reasonable, sensible, healthy, and wholesome child—she should live the life herself. Why should mothers expect temperate, moderate, and sensible children when they live lives just the opposite?

A mother who holds to the childish notion that her wants, whether they are good, bad or indifferent—sensible or silly—should be indulged to keep the child from being marked, should know that the worst possible mark of inheritance for a child is to be born with no self-control—with no higher ambition than to live to gratify appetites.

We can't expect figs from thistles, neither can we expect children with self-control from mothers who have none.

If a mother conceives in lust and gratifies every abnormal craving, and keeps her nervous system at a high tension from food poisoning, the child must come into the world abnormal, for how is it possible for it to be fed by her blood and not suffer from the perversions from which she suffers?

If mothers would have normal children they must live normal lives.

Morning sickness comes from nervous irritability due to constitutional food poisoning. I mean by constitutional food poisoning that the individual has been eating and living intemperately; more food has been eaten than the system can take care of properly, and as a consequence of this imperfect digestion or combustion of the food there have been retained in the body by-products and other waste materials. These people are said to be uric acid poisoned.

A body surcharged with such material is in a state that I call *constitutional food poisoning* or *constitutional catarrh*. People in this physical state have catarrhal inflammation of different parts of their bodies. Women have catarrhal inflammation of the womb, and especially of the neck of the womb. When they become pregnant they are sure to have morning sickness, and this sickness will always be in keeping with the severity of the local inflammation as well as the constitutional catarrhal state.

It is well to know that a healthy woman will not have morning sickness; also that she will have neither painful menstruations nor painful labors.

Child bearing is as natural as breathing, and when it takes place in a normal, healthy woman it will be devoid of suffering. Painful labors, painful menstruations and morning sickness are

unnecessary and are really indications of a *wrong life*, which, if continued, will lead to one of the many diseases for which women are sent to the operating table.

The further from a normal standard of health the mother departs the less resistance she will have to impart to her child. The nervous irritability that mothers have during the gestation period must leave its impress upon the children born under such circumstances, and after they are born they must of necessity be nervous and hard to care for, because of their morbid inheritance.

Many, if not all, children born under conventional circumstances, are more or less encumbered with flesh; instead of weighing five or six pounds, they weigh from ten to twelve pounds, and because of this overweight mothers have long, tedious, and painful labors, and too frequently are forced into instrumental deliveries. As a sequel these mothers suffer greatly from bruises, contusions and lacerations. It matters not how careful the physician who officiates at such confinements is to be scrupulously clean, these women usually have enough septic infection to cause their milk to be unwholesome, and even if they escape having a light septic infection the severe labor breaks down so much tissue that the blood is deranged and the secretions, including the milk, are impaired to such an extent that before the doctor and the nurse are suspicious that

anything is going wrong the baby is very sick. This necessitates taking the child from the mother's breast, which is equivalent to weaning it, for the mothers are usually as much encumbered with flesh as the children, and because of this encumbrance, plus the blood impairment described above, they cannot be restored to health until long after they have lost their milk.

It is customary under these circumstances to use breast pumps. Years ago I had my experience with this plan of practice, and of course it was not satisfactory or I should not have abandoned it. I found that when the pump was used the breasts were more or less bruised and that the bruising caused inflammation and suppuration. In time I proved to my own satisfaction that there were more abscesses following the use of the pump than when it was not used; I also found that when there was sufficient physical derangement of the mother to impair the milk, rendering it unfit for the child, the tendency was so strong for the secretion to dry up that all efforts at retaining it, by keeping the breasts emptied, were fruitless.

When a child is really made sick because of the impurity of its mother's milk it should be taken from the breast and her milk allowed to dry up. There should be little danger of making a mistake, for the mother's physical impairment will show for itself; however, I have seen a few

mothers whose general appearance was so good that a slight septic infection from an unsuspected tear in the neck of the womb would not have been discovered had it not been for an unaccountable sickness in their children soon after birth, which caused a suspicion of septic poisoning, and an examination proved the correctness of the suspicion.

Convulsions in nursing children, not traceable to objective causes, will usually be found to come from slight septic infections of the mothers, due to injuries incident to child birth; hence it is well to carefully investigate all unaccountable sicknesses occurring in young children soon after birth, with a view of locating the trouble in a blood derangement of the mother and discovering, if possible, whether it comes from septic poisoning. I am quite satisfied that to this cause a majority of imbeciles, *non compos mentis*, and idiots owe their misfortune. If I am right in this discovery it is very important that everyone should know of it and endeavor to spread the information, so that such a calamity may befall as few helpless infants as possible.

When a mother's milk is suspected of causing the illness of a child it should be proscribed at once; I mean, of course, when the milk is suspected of being impure.

Children can be made sick by too frequent feeding or overfeeding of the purest milk from

the healthiest of mothers. Physicians have no excuse for not being able to distinguish between a sickness coming from impure milk and one coming from an oversupply of pure milk; even intelligent mothers and nurses should be able to make the distinction.

When a child is sick from an oversupply, it usually has a history of health—it has been thriving—everyone has remarked how well it looks and how fast it has been growing. It has a season of constipation, for one of the indications of an oversupply is sluggish bowels; for a while before the sickness comes there are curds in the stools and these milk curds increase until the child is sick.

When a child is made sick from impure milk it does not thrive from the start; that is, if the mother's milk is lacking in some of the important elements the child does not do badly, neither does it do well; it simply does not thrive as the parents and friends wish it to. As time runs on the baby becomes restless and those taking care of it begin to suspect that it does not get enough food; its face takes on a withered appearance; it shows more and more signs of marasmus. At last all decide that the mother's milk does not nourish, and a change to cow's milk soon proves that all the child needed was more nourishment. This is a simple case. Another type presents about the same symptoms with stomach trouble added. The child vomits occasionally and has unmistakable

colic or pain in the abdomen and an occasional, slight diarrhea. These little sicknesses do not amount to much, yet the child does not thrive, and, like the second type described, the emaciation becomes so severe that resort is had to artificial feeding, with the result that the child improves and the mother's milk is allowed to dry up.

The real septic poisoning case thrives perhaps for a week, and possibly two weeks. It may take the mother's blood from one to two weeks to become so contaminated that it poisons the child, and the first evidence of a sick baby will be that it has a spasm. Of course everyone is surprised; the mother has been getting on fairly well and is out of bed; she does not feel as well, perhaps, as she did at other labors, yet there is nothing worth mentioning to complain about. No one should make a mistake about the manner of disease coming from toxic poisoning.

Of course it is unfortunate for a mother not to be able to nurse her child, but there are worse calamities, and the possibility of bringing on any one of the misfortunes referred to above is one; one that should cause a mother to decide very quickly that her duty is to stop nursing.

Taking the child from the breast under the circumstances referred to above forces artificial feeding on one ill equipped with digestive power and bodily resistance to meet the requirements. All such children have entered the world handi-

capped by physical derangements that are liable to stay with them throughout life. These children have such low resistance that they are made sick by every ill wind, and they are very fortunate if they do not meet with a sickness severe enough to cause their death before they are through teething; yet, everything considered, artificial feeding offers the greatest hope for them when the mothers have septic infection.

A heavily encumbered child is necessarily an abnormal child. It is not only started in life with an excess of tissue, but it must, because of its great size, suffer from unusual bruising at birth; this bruising means much breaking down of tissue, which adds to the work of its eliminating organs; then if its fretfulness, caused by the soreness coming from the extra bruising, is interpreted as hunger, and the child is fed to excess for a few days, a fatal sickness may be brought on. A slight sickness—a little indigestion—is often converted into a fatal sickness in a few days, through unnecessary feeding.

When children show milk curd in their stools the amount of food should be lessened. If necessary—if fretfulness, fever and loose bowels appear—all food must be proscribed until these symptoms disappear. Here much trouble is brought on by changing food with the mistaken idea that the food the child is taking does not agree with it and some other will. I have known

of cases where the food was changed two or three times a day for several days, with no improvement; in fact, the babies gradually grew worse. Why should there be favorable results? It is a case of overfeeding, and how can a change of food relieve a disease caused by overfeeding? It is not food, but a fast, that such children need.

Another etiologic factor is fear. Many things cause fear. In some instances the mother may be depressed all through the gestation period because of worry about money matters, or the family income; or she may be fearful or anxious about the safety of herself or her child.

Some mothers are subjected to more or less abuse. Others live in unwholesome localities. Because of ignorance there is not enough attention given to ventilation, and beds are often old and unfit for use.

The world is full of "Job's Comforters" of all kinds. Those who disturb the peace of mind of prospective mothers are, however, the vilest, and I wish my opinion of them to get to their ears if possible. They certainly are the Devil's own. They make a business of retailing every story they ever heard of an unfortunate labor to all the pregnant women they can reach. If they read of someone dying, or hear of a desperate case of labor, where instruments were used and the child born dead, the mother lacerated, or had abscess of the breast, milk-leg, peritonitis, pelvic abscess, or any

other unhappy ending, they immediately go to every pregnant woman accessible, tell them all they have heard and enlarge on the story as much as possible. They take a fiendish delight in creating as much fear and anxiety as they possibly can. These morbid minded, brainless, senseless human creatures are the most despicable people on earth, and those who tolerate a second visit from them are not much better.

Women who live as they should are not nervous enough to pay much attention to such stories, besides they are too intelligent to associate with story tellers, but the women who do not know how to take care of themselves and are very nervous from wrong life are often driven to desperation by these horrible story tellers.

It is not uncommon for mothers to be abused sexually by ignorant or brutal husbands. This should not be. Not a few women meet with miscarriages and premature labors because of this abuse, and they are wholly ignorant of the cause. Children are frequently rendered so delicate by this abuse to their mothers that they are born dead or die soon after birth. Many children are born with fair vital resistance, but because of this prenatal abuse to their mothers they have not sufficient vital power to resist the ordinary influences incident to the lives of young babies; hence they require careful nursing and extra watchfulness to keep their digestions in order. Mothers

abused in this way do not furnish proper nurse for their children and are inclined to lose the secretion very soon after the child is born.

During the hot weather nursing mothers should not be subjected to sex or any other avoidable excitement. It is a shame that civilization needs to be cautioned on the sex subject. But what I am writing now on this subject will be a surprise to many intelligent readers, and if that is not a sad travesty on our popular education there must be something the matter with my power of reasoning.

Mothers should be allowed to forget the sex subject from conception to the weaning of the child. How many are? How many of our most intelligent people know that it requires as great care to bring forth ideal children as it does to bring forth ideal stock—horses, cattle, dogs, etc.? Does the reader say that all intelligent people know this? If intelligent people do know this, why do they not employ the best means known for child raising? Is man so perfect that he does not need to be improved? Is it a mark of wisdom for people to beget, gestate and rear children under influences that would fail to bring forth good stock—in fact, if practiced in stock raising would cause the stock to degenerate?

How long is humanity to stay in this dark age? How long will humanity suffer the blight

of sex ignorance and stupidity that now holds it in a death grasp?

So long as humanity will not be taught to do right in this matter, sick mothers and imperfect children must be the rule. This is a Christian civilization, but it lacks a great deal of being a moral civilization. When we boast of our righteousness, spiritual development, piety, etc., and know absolutely nothing about the first principles of correct generation, our religion is cant, and our boasting is an insult to order.

Is there one child in a thousand—yes, in ten thousand—correctly conceived, gestated, born and raised? If there is it would be a pleasure to know of it. Do we realize that humanity, as we see it to-day, is the product of ignorant haphazard; that man's possibilities receive absolutely no intelligent prenatal consideration and cultivation, in truth, neither pre- nor post-natal consideration of a scientific, eugenic nature? Yet, in spite of that fact, man's intrinsic worth keeps him from deteriorating, and, indeed, forging ahead a little. This being true, can anyone even imagine to what heights of perfection man will rise when he is subjected for a few generations to correct rules of development—when eugenics ceases to be talked about and becomes the rule of human government?

Few parents know that family quarrels are injurious to the unborn children, as well as to those who are growing in the home atmosphere.

Few mothers know that every time they give way to harshness and impatience, speak crossly and fretfully to their children, or lose their tempers, they are breaking down their children's resistance, weakening their hearts, and stupifying their brains.

Children thrive in an atmosphere of love, and it is positively necessary for perfect development. In an atmosphere of impatience, envy, hate and faultfinding, the seeds of physical and mental disease spring up and the delicately organized children—with nervous mental temperaments—die of cholera infantum, diphtheria and other diseases—that is what convention and the burial certificate say, but truth says they die from want of love.

After a child has eaten heartily of an ordinary meal, if the home atmosphere is unpleasant, if the mother allows herself to show a feeling of impatience, if she speaks to the child in a tone of unkindness, the child may be forced into a depressed state of mind, which is always followed by indigestion. The food decomposes and ptomaine poisoning results. Just what form or type the disease may take following this indigestion will depend on the environment; it may be a gastritis, or, if the environments are favorable—if the atmospheric conditions favor zymosis—it may be scarlet fever or diphtheria.

There is more sickness among children of the nervous mental temperament due to mental de-

pression brought upon them by unkindness of parents, guardians and teachers than from any other one cause.

In children of strong bodies and less mind, when subjected to the disease influences referred to above, the manifestation is in crime instead of sickness. Instead of pining away and actually dying of consumption, as many with the delicate nervous temperament do, they live, and the fruitage of abuse to such a type is crime.

Unkindness kills the very delicate; those with more power become invalids or develop unideally, while those with great physical strength grow into perversions of a criminal nature. If sufficiently intelligent, their crimes are kept well within the requirements of conventional morality, while the mentally stupid lift their hands against every restraint, and in the end come to grief.

The unkindness of parents to children is fearfully far-reaching; parents should become enlightened on this subject, for unless they do they cannot love—indeed, they cannot be kind. Love and kindness, to be true and lasting, must be founded on knowledge. We must know our duty.

I surely have covered enough ground to convince the reader that the causes of sickness in children are many and far-reaching; and many causes are of such a nature that parents must be informed before they can be overcome. The reader should see also how very absurd it is to give drugs

for the cure of a disease that is due to parental and professional ignorance.

Mothers should be well balanced—well poised. They should govern more by example than precept. It is not well to see every error, and by no means should mothers lose the respect of their children by detective work. Correcting must be done with enough tact to leave the impression on the child's mind that it is a very disagreeable duty, and distresses the parent as much as it pains the child.

Parents should try to be their children's best friends; unfortunately, this is not always true.

Any style of living that is not conducive to the development of first-class health in the ordinary individual is certainly unfit for mothers during their gestation period. Any life that is not ideal leaves its impress on the child, and this impression can be set down as one of the numerous causes leading to stomach and bowel derangements in young children, and much ill health of a different nature in older ones.



CHAPTER III.

After Birth Causes: Many children are bathed so much that they lose their resistance; others are clothed too warmly, and most of them are kept in poorly ventilated rooms. Many people are afraid of fresh air; hence houses are closed to keep the baby from catching cold.

Very often babies are handled too much. Many are subjected to too much excitement. Young mothers desire to show their children, and in so doing trundle them about the country when they should be at home quietly sleeping. Many children are made sick in hot weather by being kept in the sun. All very young animals, including the human baby, must be kept quiet and away from handling if they are to thrive.

All mothers should know that they must avoid overheating their bodies—avoid excitement, anger, overeating—in fact, avoid everything that tends to derange the quality of their milk.

Years ago, when I did a country practice, I learned that Wednesdays were sick baby days. Mondays were wash days, Tuesdays were ironing days, and Wednesdays sick baby days. The overheating of the mothers at their work deranged their milk to such an extent that it poisoned the

babies and caused a stomach and bowel trouble commonly called gastro-enteritis.

I did my best in those days to prove to the people that there is no economy in having mothers work hard enough to overheat their blood, for they invariably pay out more to doctors than washerwomen cost, but humanity is very slow to learn and quite loath to give up cherished customs. Our fathers and mothers did so and so, therefore it is right for us to do likewise.

Over thirty years ago I did succeed in one instance, that comes to my mind, in convincing a very intelligent farmer—an Irishman—that his wife was injuring herself by hard work. She had a history of seven births, all premature except three, and they were still births. After these people were convinced of their error, they changed their mode of living, and have since succeeded in raising a family consisting of five bright, healthy children. This mother not only did not lose any more children before or at birth, but her children were so healthy that they required very little attention from physicians. So much for learning how to live.

It is a matter of record that angry mothers have killed their children by nursing them. Children are in danger of being thrown into convulsions by nursing milk from the breast of an angry mother, or from a mother whose blood is poisoned by worry. Any influence that depresses the

mother, or excites her or overstimulates her, ruins her milk, and this makes nursing children sick.

Overeating on the part of mothers is a common cause of sickness in nursing babies.

It is not uncommon for mothers to give young children a little food from the family table. *It is so cute to see the baby eat!* This is the cause of much stomach and bowel trouble in babies.

Hot weather is a very important factor in causing diseases peculiar to children, as well as other diseases, but not nearly so important as some people think. Hot weather favors decomposition, hence extra care and attention must be given to the food. Refrigerators, pantries and everything in which food is kept, and utensils used in preparing it and out of which children are fed, should at all times be kept scrupulously clean. Especially is this true in hot weather, for a carelessness that might do no special harm in cold weather will in hot weather start a digestive perversion requiring great skill to prevent disastrous results. Meats, vegetables, fruits and the dairy products take on retrograde changes much earlier in hot weather than when the weather is cold. This necessitates greater vigilance on the part of those whose business it is to take care of food. Intelligent industry is required to render the vandalism of civilization innoxious—I mean especially the crimes committed against the health of children. Great skill is required to meet and over-

come the lethal influence of social life on the offspring.

Crowded cities, with all their heat, filth, ignorance—food usually unfit for use, and the sunlight and air shut out and in keeping with such environment—give no hope to those unfortunate enough to live there, beyond a miserable existence. Those whose ancestors have existed in such environment for several generations have evolved a physical immunity; or a more correct statement would be to say, those belonging to a line of ancestors who, generation after generation, have been subjected to such environment as cities afford have evolved a physical type adapted to the requirements.

The young of the slums would suffer if removed to an ideal environment; perhaps not as much as a child from an ideal environment would suffer if moved to the slums, but nature requires time to adjust itself in either direction. A radical change always means suffering, even if the change is from bad to good.

That every person, old or young, high or low, rich or poor, takes into his body every day in hot weather more or less food that has taken on retrograde change there can be no doubt. This change in food is supposed to be rendered innocuous by cooking; that is, if meat has soured—become tainted—thorough cooking is supposed to overcome this change. The same is true of vegetables and fruit, but in spite of cooking and every other

precaution, as I stated above, everyone takes more or less decomposition into his system every day, and if he does not suffer on account of this it is because he has enough vital resistance to overcome the poison.

This retrograde change which I name decomposition is brought about by fermentation; fermentation may be divided into two types, namely, physiological and pathological. The converting of starch into grape sugar by ptyalin is a type of physiological fermentation. To bring this change about it is necessary that the starch, or the food containing starch, be thoroughly masticated and mixed with the saliva. If the food is swallowed without mixing it with saliva the starch takes on alcoholic fermentation when it comes in contact with the acid secretions of the stomach; this is a type of pathological fermentation.

When a child is fed beyond its digestive power a pathological fermentation takes place. Bacteriology teaches us that bacteria are the cause of fermentation; however, if the child's resistance is not broken down and it is fed within its digestive capacity the bacteria do no harm, notwithstanding their presence at all times from the beginning to the end of every life. This being true, it is unnecessary to take up more space with the subject.

In this connection it may be well to say that the best prophylaxis against diseases of the

stomach and bowels of all young animals is the mother's milk. There is an inherent property found in the milk of the human mother, and in the milk of all mammalia, which protects the nurslings.

It is declared on good authority that there are antibodies found in the blood and milk of animals, and that these antibodies have the power to destroy bacteria. If milk is boiled this natural protection is lost; if it is not boiled this property is not destroyed by digestion, hence it enters the body of the child and becomes an ally to health; or, in other words, it increases the bodily resistance.

The reason I am going to such great length in pointing out the many detrimental influences on child life is because it is necessary for the people to know all or they will not know what is necessary to do to secure the greatest health and mental development.

If mothers know that ill health and handicapped minds are gifts from them to their children, gifts wholly unnecessary and avoidable, they will get busy, repent of past crimes, and sin no more.

Hot weather favors fermentation and decomposition, and if decomposition does not take place in our bodies it is because we have the power to resist. Living flesh has a power that dead flesh has not, and besides this peculiar auto-resistance

which everyone has to protect him against the unfavorable influences peculiar to hot weather, the warm weather favors getting out into the sunshine and fresh air, and furnishes fresh fruit and vegetables, the juices of which depurate the system of the debris left over from winter foods, and renew the blood, all of which more than compensate for the disadvantages. If the vegetables are fresh and crisp, and are carefully cleansed with pure water, their juices are not only eliminative—cooling and cleansing—but they furnish tissue salts for cell building. Care must be used in selecting these foods, and all that are found imperfect—those that are taking on retrograde change—must be rejected.

Intelligence and cleanliness, with the sunshine and fresh air of the good old summer time, plus fruits and vegetables, are quite enough to obviate the evil effects of hot weather.

There is no excuse for not having much more wholesome homes in the warm weather than during the cold weather. Doors and windows should be wide open. Everything in the line of food disposed to ferment should be kept on ice or in cold water, and food products that are unfit to eat should be burned instead of being put in open containers and left in the back yard to decompose, feed flies and send out offensive odors. Such gases are not only offensive, but they are poisonous, and such filth draws flies and favors their

multiplying. The flies then become distributors of decomposition by carrying their filthy load to all parts of the country.

Every train that leaves a filthy town or city carries with it a lot of flies that are saturated with whatever decomposition they fed on last. It may have been a dead animal, the excreta of a diseased animal or man, the discharges from a loathsome ulcer, an abscess, or an unhealthy wound of some kind. It matters not what their load of filth is, they give no one a choice in the matter; they may deposit a part of it on the lips of a helpless baby; they may place an invisible load on a very choice bit of fruit, or on some tempting bit of prepared food, and if the unfortunate victim of this poison in disguise is very delicately poised between health and disease—resistance almost gone—this poison may be just enough—it may be *the last straw* and at just the right time.

Too little attention is given to flies, rats, mice, cats and dogs. Those who are in the chicken business or have anything to do with the raising of animals do not have the knowledge they should have to protect themselves and their families from the diseases these animals are capable of bringing to them.

There is positively no excuse for having flies in one's home. Waste from the kitchen that cannot be fed to animals should be burned. Odors

bring flies, and there is no excuse for odors; if everything that makes an odor is burned there will be no food for flies.

If the filth and poison created by a family could be confined to that family there would be no need of laws compelling people to clean up, but people who keep clean are compelled to fight against the poisons generated by their neighbors.

Rats and mice are capable of carrying a deadly load of decomposition into any house accessible to them.

They load their bodies with decomposition, and when convenient deposit a part of it on food that is to be eaten by people who haven't the slightest suspicion of the danger they are in. The domestic finds that a mouse has nibbled at a cake, a pie, a piece of cheese or some other food; she thinks nothing of trimming off the nibbled portion and serving it to the family. If she thinks anything about it it will be to congratulate herself on her economical traits. Perhaps the mouse has but recently left the carcass of a dead animal or been in contact with a worse poison of some kind. These animals have the habit of storing food, and their bodies are always charged with foul enzoötic and zymotic poisons, for their food and habitations abound in such emanations.

The domestic animals carry disease to children from house to house. Our health officers quarantine houses and restrict the going and

coming of the human beings, but dogs and cats, rats and mice, flies and other insects are as free as the air.

The household pet—the dog or cat—is allowed to stay on the bed to comfort little Johnnie or Lizzie Jane while he or she is confined to the house with diphtheria or scarlet fever, or possibly a suppressed case of smallpox. Of course, doggie or kittie must sleep in the arms of our sick boy or girl, and after the animal is tired of its confinement it leaves the house and visits the neighborhood. The neighboring children cannot visit their sick friend. If they did, the mighty health law would meet them at the door and say: “You cannot enter here; it is my duty to protect you and all others who are too ignorant to know how to protect themselves.” Of course these little folks are sorry, and to show their love for their sick friend they make a special effort to be kind to the doggie or kitty; it is taken in their arms and loved and petted and given lots of food, and because the little animal is lonesome it is persuaded to stay in the homes of the friends as much as possible until its master is well again.

Some dogs and cats will not be so familiar with the neighbors’ children and will refuse to be petted, yet they play with their dogs or cats and in this way send a good charge of the zymotic influence into neighboring homes.

Dogs have strong atavistic tendencies. They

may be washed, combed and perfumed as daintily as possible, yet if the opportunity presents itself these clean perfumed dogs crawl into a carcass and wallow in it. They appear to be unable to satisfy themselves when they have an opportunity of this kind. They usually act as though they wished to carry all the stench possible, for fear they will never have another opportunity. This is positively a dog habit, and one which is certainly not conducive to keeping a family of children healthy.

This knowledge should be in the possession of every family, so that people who want to be clean and avoid disease influences may know how to do so.

There is no doubt in my mind, after years of careful observation, that it is dangerous to the health of children to raise them in the house with cats and dogs. If animals must be indulged in, they should have a house of their own, and children and animals should meet in the open—on the lawn or in the field—but they should never be housed together.

The human animal should be the healthiest animal on earth, and the young of the human race should be well—sickness should be the exception—but, disgraceful as it may sound, the opposite is the truth. *Sickness is the rule!* And one of the reasons is the filthy, dirty habit of mixing the human animal with the domestic animals

and bringing them up in the same house, often in the same room, and not infrequently, disgusting as it is, in the same bed.

I do not love dogs less, but I love children more, and I say they are too good to mix with animals in social life. Too often cats and dogs are put in baby's bed. It is so cute to see baby pull kitty's tail! It is so funny to see baby pull doggie's ear! But it is a great deal *funnier to see baby pull the cat or dog up to its mouth and chew the animal* in the way babies have of putting everything in their mouths. Who knows what sort of filth the cat or dog has been in? These animals are not noted for their æstheticism—for body cleanliness.

It is true that it is hard for mothers and nurses to keep children's food and nursing bottles in a pure and wholesome condition in hot weather, but carelessness, ignorance, or a lack of skill should not be charged to the weather. A long dry spell of hot weather is very enervating to man and beast, but the heat *per se* cannot bring about stomach and bowel derangements without the aid of other causes, such as indigestion; and indigestion may be brought about by overeating, improper eating, the eating of poorly prepared food, or the eating of food out of containers that are improperly cared for. Indigestion may be brought about because of a perverted condition of the mother's milk, a few of the causes for which

I named when writing about prospective mothers; also by overfeeding and other disease-producing habits.

Teething and hot weather have been compelled to bear the brunt of the burden—they are recognized as the principal, if not the only, causes of this disease. If I should please myself in this matter, I would not mention teething as a cause of disease in childhood, any more than I would declare that “change of life” is the cause of the diseases occurring in women between the ages of thirty to fifty years—or the diseases peculiar to women at about the age when menstruation ceases.

There is so much depending upon a true knowledge of causation that self-respecting, conscientious minds should not be content with an explanation that does not explain, or accept a reason without questioning it, simply because it is time honored and inherited. Why should growing teeth create sickness? If growing teeth are the cause of sickness, why should not the growing bone, or hair, or finger nails create disease also? The development of teeth and the growing of bone and hair are physiological processes.

From abnormal influences we sometimes see physiological processes perverted; we then have hypertrophies and atrophies, and when these deviations are excessive or mixed we give them the name of freak or monstrosity; they are not nec-

essarily pathological in the strictest sense of the term.

When we are writing about disease, as we are now, we are dealing with the antithesis of physiology, namely, pathology, and how logic and reason can be distorted to the extent of declaring that a physiological cause can end in a pathological effect is more than I can understand. If this long taught cause of cholera infantum is true then there is an exception to the old rule that like causes produce like effects. We know that it is almost if not quite impossible to have exactly like causes; hence there must be a varying effect agreeable to a varying cause; yet it is impossible, I believe, to find in an effect anything that cannot be found in the cause if the cause be correctly analyzed. Again, pathology is recognized as the opposite of physiology; hence we can't reasonably expect health to produce disease or vice versa; yet there is a middle ground where we see one giving way to the other, and it is in this field where we may expect those standing on weak logical legs to become wobbly.

A child is abused by too frequent feeding, by excitement, by not being given sufficient rest, or its resistance is broken by any of the causes heretofore mentioned; it shows irritability; its mouth is tender; its gums are swollen, hot, and sensitive, and the good nurse and doctor jump to the conclusion that the teeth are paining the child. If

the child could talk it might be able to truthfully say that its head aches, and if its head aches the logic that attributes the sensitive gums, the sick stomach, and the bowel trouble to growing teeth could as reasonably say that the headache comes from bone or brain or hair growth.

Any environmental or auto-generated influences capable of lowering the vital resistance so that anabolic metabolism (constructive or tissue making) is suspended and katabolic metabolism (destructive or regressive tissue change) is increased does not take long, if feeding is continued under such circumstances, to overwhelm the organism with the ash of tissue change, and the fermented and decomposed food products. Mothers in this state furnish a milk devoid of antibodies (minus the elements of resistance that prevent or hold in check the influence of the bacteria of fermentation).

When feeding is pushed under such circumstances the building materials, instead of being taken up and converted into living tissue, become fuel for fever; the increased temperature creates great nervousness; the circulation of the blood is deranged, and we find determination of blood to parts that have been the centers of irritation. If the stomach and bowels have been abused for some time by overeating, improper eating, or if the teeth are in the eruptive state causing the gums to be surcharged with blood, in fact any

part of the body that is in more than ordinary activity will be the center for attracting determination, congestion and even inflammation when the circulation of the blood is accelerated by what is known as fever.

This is a point well worth remembering, for when the physician knows that food feeds fever and that fever feeds any irritation of the body by causing an increase of blood in the part, and this increase can range all the way from a slight engorgement to a distinctive congestion—so much congestion that inflammation and ulceration may be induced—he is then able to apply a rational treatment.

If the above explanation of the cause of irritability, engorgement, congestion and inflammation is understood, it will be easy to apply this knowledge to the disease under consideration, and not only that disease, but every other disease known to the profession.

The great sensitiveness of the gums in teething children is caused by the general systemic derangement. When these little folks are properly cared for, they will not be sick, and if they are not sick they will surprise their mothers by showing them a tooth every little while, without the slightest suspicion of sickness of any kind.

I wish to go on record as saying that there isn't anything pathological that can possibly come out of physiological processes—that if the func-

tions of secretion and growth are ever anything but normal it will be due to extrinsic influences.

It is absurd to believe that physiological processes, such as teething, ovulation, and menstruation, seminal secretion, the cessation of menstruation, and the secretion of gastric juices and perhaps other functions ever become so exuberant that they pass over to pathology. If these excesses or apparent excesses are investigated it will be found that there are extraneous influences which must be dealt with as causes, and if they are not all treatment administered or directed to these particular functions will be symptom treatment—palliating effects and never comprehending causes.



CHAPTER IV.

Pathology: There is no need of saying anything about the pathology. Those interested can find all they desire in special works. The fact is, there is little to be seen when these cases are examined after death; very little evidence of inflammation, and often none. Young children are very susceptible to shock, and pain kills very quickly, before there is time or sufficient cause to create much inflammation.

When these cases assume a chronic form there are more changes to be seen after death.



CHAPTER V.

Symptoms: Cholera infantum is, as its name implies, cholera in infants, and its attack is sudden. There is great restlessness, accompanied by fever, the temperature ranging from 102° F. to 104° F. Bowel discharges are accompanied with pain. To relieve these pains the legs are drawn up to the abdomen. There is usually bearing down, the child strains more or less at stool, and gives expression of pain at each movement; frequently preceding the bowel movement the child gags, or retches a mouthful of water or milk, the latter, if there is any milk in the stomach. The sickness of the stomach increases gradually, as do all the symptoms, until the vomiting becomes frightfully severe; and by this time the child has lost all power to retain anything on its stomach. The emaciation is so rapid that the parents and friends give up all hope of saving their little darling.

The bowels are sensitive to the touch and are filled with gas; in some cases this is a severe complication, because it increases the suffering, causes an acceleration of the pulse and breathing, and a rise of the temperature; the breathing becomes oppressed.

The thirst is extreme, and this is often mistaken for hunger and food given, much to the detriment of the child. In fact, this is the fatal point in the disease; it is here that the question of life or death is to be settled. The clinician, the real physician, fights a winning battle at this point, and it is here that the novice, the doctor who has his business yet to learn, ignominiously fails, and in his ignorance kills the patient.

The vomiting is frequently the first symptom; then restlessness increases every moment, and by the time the diarrhea is fully established everyone recognizes that the child is very seriously sick and is sinking rapidly.

The stools may be yellow or whitish-yellow or tinged with green at first; in a very short time they become a grass green, showing white lumps of milk curd. There is an excess of fluid, some gas, and when there is much gas it causes the stools to look frothy.

The disease may be severe enough to kill in twenty-four hours or the symptoms may decline after the first twenty-four hours, and from this time on the child may convalesce; if the treatment and nursing are bad the disease will pass into gastro-enteritis.

Cholera infantum proper is of twenty-four hours duration; after that, if the child remains sick, the disease assumes one of the types given in the nomenclature.

Some authors give the duration of cholera infantum as six to eight days. Probably they are just as near right from their standpoint as I am from mine, and if we understood each other we might be of one opinion.

After twenty-four hours, if the disease has not spent its force and the child is still alive, the bowel movements continue in frequency and contain more mucus, and at times specks or very delicate streaks of blood, and the fever remains about the same. The thirst is consuming: the child will put anything in its mouth. The restlessness is marked by a rolling of the head from side to side and throwing the arms and legs from one place to another.

Occasionally these cases start with convulsions and quickly sink into a stupor or comatose state, from which they gradually sink into death. Again, the stupor may be light, the eyes partly closed, and the child becomes more restless and cries at every bowel movement.

In the middle states, where the summers are hot, children who have suffered a severe run of gastro-enteritis, following a severe cholera infantum, and especially children who are cutting their teeth, are liable to have relapses or remain in a half-cured condition. They are neither well nor sick, and every few days, or every week or two, they are liable to a relapse, requiring several days of careful nursing to bring them back to

their former half-sick state. The doctors of thirty to forty years ago did not pretend to cure these children; they congratulated themselves on being very successful if they could keep the little ones alive until the frost came in the fall.

The tendency in these little patients is to lose more and more of their digestive power, so that at last the least variation from accustomed food brings on indigestion. Many appear not to have power to digest enough to keep them from starving to death. It is not uncommon in the warm states to see veritable skeletons—children reduced to skin and bones—waiting for frost to come, but, unfortunately, death too often comes first.

This disease presents types all the way from an attack that kills in twenty-four hours to a very light attack of indigestion, and, while the different types are given names which enable doctors to understand each other when describing their cases, it can be said that, from the lightest to the most intense form of the disease, taking on all the different complications elsewhere named, they are all the same; the difference is simply a matter of intensity and location, and, so far as the treatment is concerned, it must be based on a common etiology.

CHAPTER VI.

Preventive Treatment: An ounce of prevention is worth a pound of cure; hence it is my desire to get this book out as early as possible, so that mothers may begin before the very hot weather to fortify themselves against having sick babies this summer.

It is the duty of every mother to get her system in as healthy a state as possible. If the mother is not in good health, and she is the source, and often the only source, of the child's food supply, how is it possible for the child to be well? No one would knowingly use the milk from a sick cow; then why use human milk under the same circumstances?

If mothers will read carefully the chapter on etiology, or cause of sickness in children, and take home to themselves the part that belongs to them, and then govern themselves accordingly, they will be able to prevent much unnecessary suffering and sickness in their families.

Care of Mothers: If the children are fed from the breast, mothers should feel their responsibility and make whatever personal sacrifices are necessary for the good of their children. A mother who is unwilling to make any personal sacrifice necessary for the health of her children

is not human, and she is unworthy of the respect of animals. She is a fiend.

Overeating and eating rich, indigestible foods must not be indulged in. Eating should be regular and the food should be plain and thoroughly masticated and insalivated. There should be no eating between meals, nor drinking of tea, coffee nor light alcoholics, either for pleasure or for the purpose of increasing the flow of milk.

Every day the mother should rest and avoid all forms of excitement. She should go to bed at nine o'clock and get up at six; then have a nap of thirty minutes or an hour in the middle of the day. Take enough exercise for health, either two or three walks daily, or some other form of light exercise, or light forms of housework. Idleness should be avoided; the mind and body should be employed all the time, but strenuous physical work should not be indulged in. Reading should be select: classical novels, history, biography, natural history, essays and the better poets. All reading should be of such a character as not to affect the emotions, and should be elevating and mind strengthening.

A woman who does not feel the responsibility of proper child bearing and child raising had better be humane enough to refuse to assume the responsibility; and men who are not willing to aid the women—wives—to take on this responsibility had better stay single. When either one,

in a marriage contract, is not willing to make whatever personal sacrifice is necessary for the physical and mental good of the children which are a necessary sequence to the marital state, he or she should have the manhood or womanhood to keep out of such an arrangement, and live the life each desires honestly, without seeking to cover it with a cloak of respectability and legality.

A woman who has lost her animal instinct for protecting her young, and who has not evolved the moral and ethical instinct for protecting her children had better stay out of motherhood. It is against the laws of the country to destroy infants, but it is kindlier to do so than to curse them before birth, so that the law will have to kill them after birth.

Poise is what all mothers should be ambitious to attain for then they may hope to impart the same qualities to their children. Mothers who have neither self-control nor poise need not hope to have a desirable influence over their children. It should be the ambition of all mothers to be successful in child raising, and they should work diligently to know all that is necessary.

Care of Children: If mothers are bathing their children too often they must be instructed. Cleanliness does not mean tub bathing to the extent of physical exhaustion. One or two tub baths each week is enough; then wash locally, making use of just enough water for cleanliness.

Beside the care of the skin above suggested with water, an air bath once or twice a day, preceded and followed by an open hand rub all over the body is a very important health measure for children. The air bath is worth more to delicate children than water bathing. In fact, the nude air bath is worth more to all children than any other kind of bathing.

When the weather is warm enough, spread a comforter on the floor, take all the clothing off the child, and, after rubbing it with the open hand all over its body, place it on the comforter and allow it to enjoy its nakedness, which it will do if it is well, for all children enjoy the bodily freedom of nakedness. Use common sense in giving the nude bath; don't allow the child to become chilly. Neither young nor old stand chilling well.

After the child has been nude for a half-hour or an hour (if the day is hot allow the child to stay nude as long as you please), rub it thoroughly all over and then clothe it.

Children's clothing in hot weather should be very simple; indeed one garment should suffice, and no doubt would if convention approved. The more children are naked the better, avoiding, of course, chilling.

These nude baths should be kept up throughout the year. In winter have the house at summer heat and allow the children to be nude at least an

hour every day if possible. The more nude air baths and the fewer water baths the better.

Feeding: I advocate the feeding of children from birth three times a day, no oftener. Never through the night.

Since I differ so widely from the general plan of the profession and the common practice of the people in the matter of feeding young babes, perhaps I should give my reasons for so doing; hence I will say that when I came out of college I started to put into practice what I was taught by teachers and books. The frequent feeding plan was advocated, and all other plans of caring for the little folks that were sanctioned by the best authorities were adopted. My success, it is needless to say, was not satisfactory, or I should not have kept squirming about endeavoring to find a better plan. From the first patient I ever had to the last one I have prescribed for, I will say that the nearer my treatment corresponded to the treatment I gave to young animals in my childhood the better my results. In my small boyhood I had great experiences with chickens, kittens, pups, rats, mice and other animals. After storms I had many chickens to nurse back to life; it was no uncommon thing to rescue a chicken, a kitten or a pup from the slop barrel. To clean these animals and make them warm and comfortable, and nurse them back to full health was one of the greatest joys of my child life, and the experience I gained serves

me to this day. I am free to confess that this child experience was worth more to me when I entered into the actual work of my profession than all the knowledge I ever got out of books or lectures. This may not be very complimentary to medical science, and some may jump to the conclusion that my medical education is sadly deficient. What others may think can't possibly change the truth of what I have stated.

What did my experience teach me? It taught me two or three vital therapeutic measures that will stand as solid as the universe, and will never be supplanted nor extinguished until time is no more. Those measures were then and are now: Warmth, quiet and abstinence. These little patients required a comfortable, warm bed, and then absolute quiet. I learned that they would not do well if handled; then followed the great lesson that humanity is so slow to accept, namely, abstinence from food until all shocks, irritations and fevers are gone. These little dumb animal patients could not be forced to eat, and I learned that when they took nourishment it was a sure sign that they were getting well. These little patients were not worried about starving to death; they would not take anything but water until very much better, and then, when they could stagger to their feet and take a little food, the amount was so small that, to my boyish mind, it was almost the same as not eating anything; but the small

feeds were followed by others a little bit larger, until full health and the usual hunger returned. Neither the patients nor their doctor worried about ingesting enough food to supply the proper number of calories and the right number of grains of proteids.

All the patients wanted was to be let alone after they were made warm and comfortable; they always said as plainly as their dumb tongues could talk that they did not want food, and they would not want any until health returned.

When as a physician I was called to see my first baby cases I instinctively thought of warmth and quiet, and thought it strange that they would take food. I gradually learned that these little patients were not hungry; that the reason they took nourishment was because they were thirsty, and were forced to take food because the mothers were afraid to give them water. As soon as I satisfied myself that children did not differ from other young animals I began my crusade against feeding sick babies.

I began to try to reason out why so many children should be sick and why so many should die. In the course of time by close observation I proved to my own satisfaction that there could be but one leading and over-all-dominating cause, and that was overeating or overfeeding, and by easy stages I finally came to the conclusion that if children are not handled—if they are let alone,

as they should be—they will sleep about twenty-three hours out of twenty-four, and if they are not disturbed except to make them clean and comfortable they do not wake up oftener than about three times a day; hence I do not hesitate to say that three times a day is as often as a child should be nursed, for those who are fed oftener must be awakened to be fed. If they are awake and fretting it is because they have been abused in handling and feeding, and are in reality sick.

Allow me to go on record in this matter as saying: If a child is awake and fretful, apparently demanding food every two hours or oftener, that child is sick, and should be dealt with accordingly.

Children are thirsty either from being fed too frequently or because the mothers eat too much salt; hence always have a bottle with a rubber nipple to use as a drinking bottle. When a child is restless between nursing times and through the night, its position should be changed, and it should be given water out of the drinking or water bottle. The water should be warm, neither hot nor cold. It is a great mistake to believe that a baby is hungry and requires food every time it frets or cries; the fact is that it needs water or to have its position changed.

I sometimes agree to four feeds a day and none through the night, but three feeds are better. It is not overgrowth we should strive for with children, but a good, substantial, slow increase in

weight in keeping with normal growth. It should be the mother's desire to prevent, if possible, the child from becoming too stout. There is a foolish belief quite prevalent that the larger and fatter the baby the healthier it necessarily must be; this is a grave mistake and leads to trouble. Overweight in children means disease just the same as it means disease in grown people. If mothers could be made to see the fearful price they pay for keeping their babies fat they would hasten to learn a better plan of feeding. Children who are overweight are more susceptible to disease influences than are smaller and lighter children. The fat, chubby baby, everything else being equal, is always the one to take the croup, tonsillitis, diphtheria, scarlet fever, and when a few years older, pneumonia, rheumatism and others of the common diseases.

Constant Sickness: Show me families who suffer constantly with sickness and I will show you families given to the very bad habit of eating too often, too much, and too rich food.

Sleep: Children should sleep a great deal and always in a bedroom supplied with an abundance of fresh air. Avoid drafts. Don't allow children to sleep in a draft, but the air in their bedrooms must be as good as it is out of doors if possible, or they cannot thrive physically and mentally. Use artificial heat if necessary to keep the children warm, but never abuse them by closing out-

side windows and compelling them to breathe impure air all night in their bedrooms. Many parents do this because they are afraid the children will catch cold.

The Food: The food for nursing babies must be the mother's milk if possible; if not, then the right kind of a wet-nurse. In the selection of a wet-nurse care should be exercised. The hints given regarding parentage, and the care that mothers must give themselves to insure proper nurse, apply to wet-nurses. A wet-nurse who will not take the proper care of herself and who is exposed to influences that render her milk unfit for babies should not be employed; it would be better to use cow's milk. If a wet-nurse is not available, use the milk from a cow that has recently come fresh, and the milk should, when possible, be given to the child fresh and warm from the cow.

Milk: Care must be exercised in the selection of milk. Just any milk from any cow taken at haphazard will not do. Where it is possible, the cow should be known to be sound and healthy and well cared for. The cow's food and water supply should be the best possible. Where the cow is kept has so much to do with the wholesomeness of her milk that no one, interested as a parent should be, can afford to neglect inquiring into or personally inspecting to find if the environment is as it should be.

A cow that is kept in a dirty, ill-ventilated barn can't be well, and if she is not well she can't give pure, wholesome milk, even if she is fed good, clean food and water. Many barns, in fact most barns, are not properly ventilated, and when there is an accumulation of manure, of months, and sometimes years, standing in the barn and barnyard, saturated as it is with urine, the constant breathing of this foul emanation poisons the cow and breaks down her resistance. Her milk will be deprived of its normal resistance to the influence of the bacteria of fermentation, and as a young baby is low in this power—normal resistance—the consequence is that when it is fed this kind of milk it ferments very quickly, and the child is made sick.

The cow must be kept in a clean stable or barn, and she must not be abused. Often milkers are abusive. There is no occasion for anything of the kind, but it is a fact that there are a few human beings possessed of devils, and the demon in them is plying his vocation at all times. Such a character could not turn a cow out of the barn or house her without giving her a vicious kick, or punch at least, and if she should make a sign that she really felt it his indignation would manifest in much abuse. There are people perhaps who have not seen the worst types of the human animal; there are many people everywhere who do not see much of anything as they pass through

life; but observant people have seen human animals abuse a horse or some other animal for no other reason than that the animal could not anticipate or read their minds. I have seen horses lashed, jerked, and beaten over the head by brutal men because the animal had started to execute an order that had been given it, but which the human fiend had countermanded in his mind but had not yet expressed.

When cows are taken care of by such human beings, and it can be known, the milk from such a cow should not be given to babies, for no one can tell when the animal will be abused enough to render her milk unfit for use. Such milk is liable to kill a child.

When it is impossible to secure milk from a cow that is healthy and properly housed, fed, watered, and kindly handled, it would be well to secure a goat, on account of their being small and much easier to take care of than cows. There is no good reason why they should not be more generally used, especially in furnishing milk for children artificially brought up.

In large cities, where it is impossible to have a special milk supply and the people are forced to buy milk in the open market, or as it is supplied by wagons and milk depots, such milk should not be fed to nursing babes. It must be scalded before it is used. Either scald the milk that is furnished by dairymen or use Pasteurized milk, neither of

which is desirable; in fact, I do not believe that these milks are better, from a nutritive standpoint, than are the condensed milks found in the markets of the country, and not nearly so safe from the standpoint of food poisoning.

There are many brands of artificial foods on the market, and there are tons of these foods used in this country every year, but, so far as being of real benefit is concerned, it is doubtful if they are beneficial when it comes to supplying a need that can't be filled by something of greater food value.

I do not say this from lack of experience, for I have had years of experience. I once believed that most of the better brands were really of great use, but I discover after a thoughtful retrospection that I have gradually and unwittingly entirely abandoned the use of all of these foods, and it has come about not because I love them less, but because I love natural foods more, and, of course, secure better results with them.

This is a change that must come to any physician who gives intense thought and attention to foods and their actions in the system, in the absence of drug influence.

The more we become acquainted with food the more we learn the importance of securing a perfect environment in which to produce it, so that it will be possessed of auto-protection sufficient to resist bacterial fermentation while it is being digested.

This is exceedingly important when the subject of infant digestion is under consideration. It is very important that those who are nursing and treating infants be capable of recognizing and selecting a food that will carry into the child's body not only repartive material, but vital force—power of resistance—as well.

If all these sources of food supply fail, then condensed milk or the foods that are on the market may be used.

Avoid Overfeeding: To avoid overfeeding should be the endeavor of every mother and nurse, for it is easier to keep a child well than to cure it when it is sick.

If children were started on my plan of taking food three times a day, there wouldn't be much danger of overfeeding; but those fed every two hours, night and day and every time they cry, can't help becoming overfed, and it is only a question of a very short time when children fed in this way must fall sick, and if they do not die the groundwork for a life of invalidism will probably be laid.

Overfed children are fretful, cross, irritable and hard to take care of. They are hard to put to sleep at night. I have known of children so spoiled in this way that it required from one to two, and sometimes more, hours every evening to get them quieted down for the night. Such children are sick, and there are two principal factors

in the cause, and they are lack of discipline and overfeeding. The cure for these children is simple, but it requires a little determination on the part of the parents, which isn't always forthcoming, for more parents are qualified for raising hogs than for raising human beings.

It is necessary to feed these children very lightly for a while. The feeding that is being practiced between meals must positively stop; then these spoiled children are to be put to bed and allowed to cry themselves to sleep. They must learn at once that they cannot buy anything by crying. This is one of the worst health destroying habits of childhood, for there is always ill temper at the bottom of this habit, and nothing ruins digestion so surely as ill temper.

Bottles and Their Care: When children are bottle fed the bottles must be washed as soon as the children have finished nursing, then scalded for a short time in water containing concentrated lye; then allow them to stand for a few hours in pure, fresh water, or if possible allow them to stand in running water; after this they should be left in the sun until needed. Enough bottles should be used to give each one at least a whole day in the sun each time after it has been used.

CHAPTER VII.

Preventive Treatment, continued: The first signs that should attract attention are those of finding particles of curd in the child's stools. This should receive immediate attention. It is very foolish to wait for the child to get sick before doing anything, for so sure as the feeding continues (without change) in the same way that has brought on a show of the curd, the child will become sick. Many children appear to be quite tolerant of this symptom, and will remain apparently well, even after the bowels are very constipated, and every evacuation shows a cheesy mass—a white curd showing almost no digestion; however, the evil day will come, and the longer it is in coming the more difficult and tedious will be the recovery.

The question of how much to feed and how often will never be settled, for there will be those who advocate feeding every two hours, and others every three hours, and others every four hours, and still others will contend that the child should be fed as often as it will take it, and again others insist that the feeding must be as often as the child wants it, which to them means every time the child is restless or fretful.

There is but one correct plan: it is impossible to say how much a child or an adult shall eat; the

amount must vary in each individual case, and with each individual the amount must vary in keeping with the state of health, activity of body and the atmospheric and thermal changes.

If an infant is properly cared for from birth it will not be awake oftener than two or three times—we will say three times—in twenty-four hours. This, then, I assume is as often as nursing children should be fed, and I have succeeded in influencing a few mothers to feed their babies according to this plan, and the results have been gratifying, indeed. The children are smaller and very active, and much stronger and brighter than children fed in the ordinary way.

I am compelled to compromise with most mothers, and permit four feeds a day, and then the majority will sneak in an extra feed at night, which, of course, the baby has to pay for with occasional sick spells.

Children fed three times a day will not be troubled with constipation and will not have white curds in the discharges from their bowels. Yes, they may be given all they will take at each feeding. They should have all the water they want between meals.

Those fed four times a day should have fruit for the ten o'clock morning meal. At what age should they be fed fruit? They are old enough to be fed fruit and raw vegetable juices when they will take them.

Every child three months old should be taking a little, all it wants. Lettuce, tomatoes and berries, run through the vegetable grinder and the juice expressed, is the only preparation needed; no dressings, such as salt or sugar are necessary.

A regular meal should be given at six a. m. and a fruit and vegetable juice meal at ten a. m. If the child is young and has not learned to take the juice, whatever amount it will take may be given, then allow it to nurse to satisfaction; but as soon as it cultivates an appetite for the juices and can take enough to satisfy its hunger it should then have three regular nursings and one fruit and vegetable juice meal each day. No child should ever be fed through the night.

If these suggestions are adopted and followed there will be few sick children. When children are started on three or four feeds a day they may have all they desire at a feeding, but if white curds begin to show, lessen the quantity or drop out one of the meals.

If a child grows thin and really loses weight after the second week it will not be an indication that it is not fed often enough. My experience has been that the mother's milk is deficient in some of the important elements, or that she does not give enough; in either event the child should be allowed to nurse its mother until it has taken all she can give, and then follow immediately with one, two or more ounces of cow's or goat's milk. If pos-

sible, have the milk brought from the animal and fed to the child while it is warm.

If it is proven that the mother's milk is, without doubt, devoid of proper nourishing qualities, or that it carries a taint of septic poisoning, caused by a suppurating laceration that is slowly healing, or possibly refusing to heal, the child should be unhesitatingly taken from the breast and put on other food.

The answer to the question, "How often should a child be nursed?" is, three or four times in twenty-four hours. "How much?" All it will take. If it takes too much, curd will appear in the bowel passages; then the amount must be lessened; if it does not get enough, the sign will be a gradual wasting—gradual loss in weight; this must be met by increasing the amount, not the frequency of feeding.

Reduce the Food Intake: As soon as white curds show in the stools the child's food supply must be reduced. If it is nursing the mother or wet-nurse, allow it only two-thirds of the time at breast that it has been given before; if this is not enough, cut the time down to one-half, and when the symptom has been overcome, gradually increase until it is taking the original quantity. If the child is taking milk from the bottle, treat it the same way.

If the child is six months old or more, a very good plan is to give it the regular food night and

morning, and at noon feed it fruit. Fresh blackberries are good. Run them through a fruit or vegetable mill and grind them; then press them, securing the pulp and juice without the seeds. Give the child all it will take. Or grind lettuce with strawberries, blackberries or tomatoes, express the juice and give a feed of this mixture. If lettuce is ground and mashed to a pulp and mixed with either the berries or the tomatoes, it can be given to all children old enough to take it, and any child is old enough when it will take it and enjoy it. Such foods as this given in the place of a regular meal will strengthen digestion, and is antidotal to any tendency to fermentation.

When the signs of indigestion have been neglected until diarrhea is brought on, all feeding must be stopped at once. If there is fever a warm bath should be given; just before the bath the bowels should be washed out with a warm enema—a teaspoonful of soda in a quart of water. After the bath the child should be rubbed from head to foot, especially the spine, and then it should be induced to sleep, if possible. If there is thirst, give water freely; if the child is not satisfied with water and demands food, give some fruit juice in water. If there is no fever, give the blackberries or dewberries; if the berries are not to be had, give orange juice or lemon juice and water, using a very little sugar with the lemon, but not with the other fruits.

Keep other foods away until the bowels are all right, even if it requires two or three days, or even a week. Don't be afraid to keep food away from a sick child, for it will be getting well every minute that its regular food is kept away from it, and given water if there is fever, or fruit juice or fruit if there is no fever.

This is one of the most important prescriptions that I make, and if carried out boldly, decisively, uncompromisingly, and without wavering one iota, a cured child—victory—will be the reward; but if those in attendance are lacking in courage and waver or compromise by allowing “just a little” food before the symptoms that demand the fast are cleared up, failure is sure, and, of course, the plan of treatment will be made responsible for the lack of skill and efficiency of a shilly-shally, milksop carrying out of the policy.

My plan of treatment will not fail. If those who undertake to treat the sick according to it fail to secure ideal results, it will be because they do not understand it, or they lack tact in securing the co-operation of those interested.



CHAPTER VIII.

Preparatory Treatment—The Sick Room:

The first thing to do when a child falls ill with this or any other disease is to prepare a comfortable bed, in a room as far away from the busy, noisy part of the house as possible; also as far from the street, its dirt and noise, as can be. The room should be light and airy, and provided with a fireplace, so that the chill and dampness of a contingent rainy day can be overcome by a quick fire. The room must be one that can be thoroughly ventilated and the windows must be wide open day and night. See to it that the windows are not placed so that the gas from a neighbor's vent pipe—what is called the soil or ventilating pipe—blows into the room. It would be well if the walls of the room were plain. When walls are decorated with figured paper nervous patients are inclined, when the temperature is high and the circulation rapid, or arterial pressure strong, to build in their imagination fantastic figures which may lead a vivid imagination into more and more excitement, until co-ordination is lost and convulsions ensue.

There should never be more than one person at a time in the room with a sick child. If possible the mother should not be the nurse of her

own child. The rule is that strangers can handle sick babies better than mothers can. This is especially true where the child is fed from the breast. It is an unfortunate fact that the majority of mothers are poor nurses, and there is another unfortunate fact to go along with the first fact, namely, these same mothers really believe they are good nurses.

There is a foolish sentiment held by some mothers—they think that it shows a lack of motherly love to turn their babies over to a nurse, but I think it shows a lack of good judgment when they do not.

From the beginning to the end of the sickness one person should have charge of the child. If a nurse is employed or the mother is to take charge, the matter should be definitely settled. Where there are several to look after the nursing and no one in particular many things are neglected, and there is more or less confusion; besides, there is often too much talking in the sick room.

To take proper care of a sick child requires all the time of one person; and if the nursing is started right and kept going in the right direction, the nurse will have all the time for sleep she needs, so that it will not be necessary to have a nurse for the day and one for the night.

It is impossible to take the proper care of a sick child when it is in a living room or in a room opening into a living room, for there is too much

noise, talking and excitement generally, all of which are positively antidotal to the first requirements of a cure, namely, *quiet*.

When a third person goes into a sick room it should be done so carefully that if the child is asleep it will not be awakened. Talking, when any is done, should be in an undertone; whispering is much more annoying than a low, natural tone.

Visiting in the sick room is low, ill-bred and vulgar. There is no other situation that tests true politeness so surely as the sick room, or the house in which there is sickness. The coarse, uncivil and ill-bred go stamping about like blind horses; if they have anything to say they say it at the top of their voices, and when they walk or go from room to room, or up and down stairs, everyone in the house knows it. If they handle a book or paper they get all the noise out of turning the leaves that is possible.

It should be the desire of everyone about a house in which anyone is sick to be as still as possible.

The sick must have rest, and often it is a question of life or death.

After an experience of over thirty-five years I am free to say that the suggestions I have made above regarding the room and nursing are equal to fifty per cent. of all that is important to do for the sick, and this fifty per cent., when secured, frequently decides the fate favorably.

The Patient's Bed Dress: The child should have several very simple garments made for it out of muslin or linen. They should be made on the order of a coat, to open in front, and in place of buttons a short piece of tape should be sewed every three or four inches on both sides, three or four inches from the edge; the length should reach six inches or more below the feet. This garment will be very easy to put on; open it, lay it on the bed so that its relation to the pillow will be such that when the child is laid down with its head on the pillow its arms can be slipped into the sleeves and the tapes brought together and tied and the child will be dressed without being unnecessarily handled.

I have seen very sick children in full dress. Parents of such children have very crude ideas of comfort, and common sense in all lines appears to be at a premium.

Those who are used to the modern practice of medicine, with its doping, feeding, and ridiculously officious nursing, will think that my plan is criminal neglect—that I do not do anything. Never was there a greater mistake than to think so. When my plan is adopted at the beginning of any disease it means the most potent and iron-clad prohibitions and inhibitions, and if carried out in a positive and exact manner success is a foregone conclusion. My plan says to a disease process such as we find in the disease under con-

sideration: "You have had your way until now; from this time on you are to obey me. It is true you have a potentiality amounting to something—much or little as the case may be—but it is not enough to continue your work for more than twenty-four to forty-eight hours, or whatever time is needed for you to spend what force you have without reinforcement; and this I absolutely refuse to permit you to have. You shall not renew your energy from any direction. You shall not have food out of which you manufacture poison; hence you cannot replenish your stock, which you are fast expending, and you shall not be assisted by anything that disturbs and breaks the rest of the patient, such as officious nursing, unnecessary anxiety of parents and friends, bad air, and neither last nor least, stimulation, irritation, and depression from drug action."

Indeed, I can say all that to the disease process, and it is not bluff nor bombast, for I can do exactly what I say.

What do I mean by officious nursing? I mean that nurses are trained to get busy and stay busy; besides, they catch this officiousness from doctors. The profession has evolved a trade habit; there is no poise nor dignity about the practice of medicine. The doctor is sent for; of course he is told to come in a hurry, and he does. He hurries to the patient, hurries through a perfunctory examination, hurriedly prescribes, and is hurriedly

gone. The nurse gets busy and keeps busy. If she permits more than thirty minutes to pass without putting something on her record, she feels that she has not done her duty. She must have something to show when the doctor returns. To fill this requirement there must be something doing. She can't make a report of any kind every thirty minutes without disturbing the patient more or less, hence the program is about as follows: First she gives drugs; then she follows with nourishment; next she counts the pulse, takes the temperature, puts on a poultice, fills the hot water bottle, rubs the abdomen, examines the tongue and reports on it, asks solicitous questions at all times, examines the skin for moisture and then for dryness, or sees if it is red; she interpolates everything with her perambulations around and around the room; she tucks the bed covering, adjusts the pillow, and much too often frustrates every effort of the patient in its endeavors to get a little comfort and freedom by throwing the cover off and freeing the feet and hands. Every effort of the little sufferer to get freedom is met by an insistent tucking under, *because there is danger of catching cold*. Nature is a fool; she should consult the modern doctor and nurse before making any demands!

Nursing often amounts to an eternal vigilance of an offensive character, because it robs the patient of all opportunity to rest. Nurses often

make the mistake of believing it their duty to be everlastingly and eternally in evidence. Nurses are not to blame; they are taught to do as they do; hence it is the nursing profession I am criticizing, not the good women who are deluded into believing that killing people is nursing. Such nursing, with the usual feeding and drugging, puts the sick in a state of nervous excitement that drives away all possibility of sleep.

If there isn't much the matter to start with, such treatment will make much the matter in a very short time.

When I treat disease it is on the order of laying siege. I cut off all possible reinforcement, and then there is not much to do except to keep quiet and wait for the enemy—disease—to starve out.

The first part of an attack of disease generally does not amount to much. Possibly one-tenth of one-tenth per cent. of all attacks of sickness is so virulent at the onset as to completely overwhelm the patient's resistance and cause death. The majority of attacks of disease are so light that the patients will recover in spite of almost any ordinary opposition, and because of this the world is full of fake cure-alls and visionary curing systems. But there is a per cent. which is small, between the very small per cent. that will die in spite of all, and the large per cent. that no illogical curing plan can kill, that needs skill. The skill

required is the skill of aiding nature and removing obstructions to her efforts at recovery; hence I say there is not much to do, but that little is, as I said above, iron-clad prohibition and inhibition, and consists of: *Don't feed the disease, and don't tear down the body by drugs and such nursing as I have described.* If the patient is old enough to think about his condition, don't discourage him by suggesting that the disease is dangerous. This is not always done knavishly or maliciously, but for the purpose of hedging. The doctor does not really know how sick the patient is; hence, for fear the patient may prove to be worse than he appears to be, the doctor declares that the sickness is very severe, and if the patient has faith in the doctor the pulse and temperature go up within a minute after such a statement has been made; this causes the patient to be worse before the day is over, and, of course, that proves the correctness of the doctor's judgment. I have often seen a cowardly patient, with a cowardly, ignorant doctor, get into great trouble, and where they stay with each other without calling assistance they manage to have a funeral.

Patients must have the benefit of the doubt. They must have encouragement where there is any to give, and any other practice is positively quackery, even if practiced by a very scientific and pious doctor. This malignant influence acts

through the mothers on infant patients; they suffer as much as grown people.

Encouragement is always good treatment, and babies must have a great deal of rest and very gentle care. The voice must be low and gentle.

Rubbing very gently with the open hand is something that should be kept in mind, for it is beneficial to all sick people.

If the child is dressed as I have suggested above it is an easy matter to slip the hand to the bowels or back and rub very lightly until it sleeps. The rubbing should be a circular motion, with the ball or heel of the thumb representing the center of pressure. The circle is made from left to right and as the hand sweeps down, the ball of the thumb is pressed gently and as the hand comes back to the starting point the pressure is removed so that there is a simple contact of the hand with the child's body, and the circle is started again; this time the circle drops an inch or two below the previous starting point, and this is repeated till the hand has traveled to the end of the spine; then slip the hand back gently but quickly to the top of the spine or neck, and repeat. When this motion is perfected the rubbing is so quieting that most patients can be put to sleep in ten to twenty minutes.

Just as often as the patient is restless it must be rubbed. The first few days of sickness the child may need to be rubbed half the time, but all

concerned may congratulate themselves that no harm is being done, and this cannot be said of the usual means employed to bring about quiet and sleep.

If the temperature is above 103° F. ice should be pounded fine and put in a rubber bag, and the bag placed on the abdomen, having first placed a towel so it will be between the abdomen and the ice bag. The ice should be kept on the bowels until the temperature goes down two degrees—down to 101° F. Then if there is distention from gas, and evidence that there is much tenderness, a hot water bag can be placed on the abdomen. Care must be exercised in making these applications to the abdomen; the bags of ice or hot water must not be too heavy; in fact, they must be just as light as they can possibly be made to be effective. Every time these applications are removed or changed the abdomen must be rubbed thoroughly five to ten minutes, always being governed by the results. When rubbing appears to be bringing quiet and comfort, continue; but when there are signs of discomfort it should be discontinued for the time, and taken up later. When the bowels are distended with gas the rubbing must be very light, otherwise it starts peristalsis—bearing down bowel pains.

If there is great thirst and the stomach is sick—sick to the extent of throwing everything up soon after swallowing—it will then be well to

put two or three ounces of warm water in the rectum every two or three hours, with a fountain syringe; by doing so the consuming thirst which some of these little patients suffer will be relieved and they will be made comfortable.

So long as there are any signs of sick stomach not a spoonful of anything is to be put into it. All the water necessary for controlling thirst can be given by enema. For this purpose there isn't anything better than the ordinary fountain syringe—the piston or the bulb syringes are not suitable for babies. Two or three ounces of warm water is quite enough; more would excite bowel action and expel the water. The bowels may possibly be so irritable that a smaller quantity of water must be used. When the rectum is involved and there is dysenteric straining at each bowel movement, very little water can be retained; then recourse may be had to applying wet cloths to the bowels or an occasional tub bath if these measures are not already being used for other purposes.

When the stomach is settled there is no reason why the child shall not have all the water it will take. A bottle with a rubber nipple should be used for this purpose. Young children can take water better in this way. Some people are afraid to give sick babies all the water they want; this is not a correct idea. I never did understand why people are afraid to give sick children water. I presume it is a relic of the *good old days*, when

water was forbidden all fever patients because their systems were filled with mercury (calomel) and when mercury is in water must stay out; if not, salivation—mercurial poisoning—takes place.

Forty to fifty years ago salivating with mercury in certain cases was advocated and practiced by the regular profession, and physicians who refused to practice such vandalism on the human body were looked upon by the dominant school as they to-day look upon a physician who does not accept the germ, vaccination, and serum theories, and the practice based thereon.

A little mercurializing is still carried on. Many physicians start the treatment of cholera infantum, typhoid fever, and other diseases with ten or more doses of one-tenth of a grain of calomel. If there is ulceration of some portion of the alimentary tract mercury has nothing to do with it, *of course it hasn't*. Doctors and their remedies do not make people sick—they are for curing!

I began to practice my profession long enough ago to witness little children pick their own teeth out of their sloughing gums, made so by the use of calomel.

Fear of water drinking by sick people was developed in those days, and there may be a little of the same kind of medical practice going on to-day, but it is kept pretty well under cover.

Any practice of healing the sick that prescribes water, unless to overcome nausea and vomiting temporarily, is dangerous, and should not be countenanced by any lover of health and a sound, sane, and rational healing system.

It is hard to conceive of anything more unnatural, distorted, and inconsistent than a professional mind—a mind that has been trained for the exclusive purpose of thinking along the lines of health and disease, the care of the body in health and disease—trained to think of the body from the standpoint of physiology—its digestion and assimilation—of food and its action in health and disease—trained, or supposed to be trained, into knowing under what circumstances life can manifest and what is necessary to maintain that state of life known as health, and to know what takes place when life is interfered with enough to change health to disease—I say it is hard to conceive that after a mind has been trained into knowing all about these things, and an institution licensed by the state declares this assumption to be true, that a mind so trained will interpret a desire for water on the part of a sick baby as hunger, and proceed to give food, ignoring the language of fever, which, interpreted according to natural law, says: *Nutrition is suspended until the offending obstruction is disposed of.* To recapitulate: What is more incongruous than to see a professional man, trained to administer to the sick, treat a

disease exactly the reverse of the way it should be treated? The disease is due to indigestion, fermentation, and decomposition of food in the stomach and bowels. From some cause the body has lost its resistance, and this is the consequence. Water is all that is needed, and it *is* needed; the more water given, and the quieter the child is kept, the quicker will be the recovery. To feed—to give food and then further depress by giving drugs—is just the reverse of the demands of the body, and if such treatment is continued death is as inevitable as the sunrise or the motion of the world. The fact that there are more physicians who treat in this way than there are who do not is a psychological peculiarity that is beyond my power of interpretation.

There is but one legitimate reason for withholding water, and that has been mentioned several times, namely, a sick stomach, and it would be well if this simple fact could become common knowledge.

I have been called to see desperately sick children many times in my professional career—children who were being medicated and fed to death—yet water was being withheld with a fanatical zeal that was made more conspicuous because of its great inconsistency. In consultation practice it has been no uncommon experience to find children very sick, so sick that the family and physician have despaired of recovery, yet in many instances

all that I found necessary to do to overcome an almost fatal restlessness was to give the little sufferers water and warm them by applying artificial heat. I have given infants under these circumstances from eight to sixteen ounces of water at one drink. I remember one instance where I was called in consultation after one week's sickness, I took the child in my arms and applied the nipple of an eight-ounce bottle full of water to its lips; it took hold as only a famished child could, and evinced such satisfaction in taking the water that all present were delighted to see the great comfort and relief that the little one exhibited with every swallow. When it had emptied the bottle I ordered it refilled at once, and from the second bottleful it took about half, making twelve or more ounces in all. I then put the child in its bed and ordered *hands off* until it should demand attention. I left it sleeping at nine o'clock Sunday evening; at nine o'clock Monday morning I called, and found that it had not wakened since I saw it the evening before. My prescription was to permit it to sleep, and I left the house without seeing it, believing, as I always have, that sleep is better than anything I can do for any one. The reader will please not lose sight of the fact that I was called in this case as a last resort. The physician who had been in the case, and had exhausted his skill and had given up all hope of recovery, was a professor of pediatrics.

Don't be afraid to give plenty of water, especially when it is in answer to the demands of nature.

After the disease is under control, the sick stomach and fever are gone, and convalescence well established, it is then that real dietetic skill is required. If the child makes a complete recovery, and there are no sequels, such as a sensitive stomach, tendency to relapse, or have bowel troubles, either constipation or diarrhea, or a general run-down and anemic condition, it will be due to the fact that its parents have learned how to care for the child and have followed instructions. Carelessness, ignorance, and stupidity in the care of the child after it has been very sick will cause it to linger and occasionally have relapses, and death is not infrequently the penalty.

If everything is done that should be done the first and most important thing to look after is the food. If the child is nursed by its mother or a wet-nurse the health of either is of first importance.

So long as a child has fever, and the bowels continue to run off, or there continues to be frequent bowel movements, it matters not of what character, no food of any kind is to be given; positively nothing but water, and if there is any doubt about the purity of the water, give the child the benefit of the doubt, and boil all the water used. It is not a good thing to give the child ice water;

however, so long as the fever is high and the patient is very restless from the heat of the body as well as the weather, the boiled water may be kept in a refrigerator and allowed to get as cold as it may, and be given to the child at this temperature if it will take it. Very young children will refuse quite cold water; when they do they should not be forced to take it by withholding water of a higher temperature, for the thirst will become so great that they will take anything. I have been called to see children in great distress, made so by parents, nurses and sometimes doctors, mistaking a consuming thirst for hunger, and, in their kindness and sympathy, they have been, as they supposed, gratifying the child's hunger by giving it great quantities of milk, and the more milk, or nurse, given under such circumstances the more fermentation, fever, restlessness and bowel action, and, of course, the more thirst.

Food never relieves thirst, and when given with the mistaken idea that the child is demanding food, the disease grows more intense all the time, and if the mistake is not corrected the child will most positively be killed.

Nature frequently frustrates the kindly meant and killing offices of ignorance, and refuses to retain the food that has been given to relieve thirst, so as fast as the food goes down it comes up again; but it is not within the possibilities of nature to withstand abuse of this kind long, hence,

unless such a plan of treatment is changed for a better, these little sufferers are sooner or later killed.

It would be well for those who minister to sick babies to understand the meaning of some of the most pronounced symptoms. It is impossible for anyone to meet and intelligently combat a given symptom or condition in the sick room if he does not understand its cause.

Fever always means fermentation—it means that there is a mass of ingesta that is not digesting, but in truth is absolutely rotting, and because of this rotting there are set free poison products which, being absorbed, poison the whole system, and the efforts of the body to repel and expel these poisons are marked by general excitement. The nerve centers lose control; co-ordination being lost, organic functioning is either perverted or suspended; the skin fails to radiate heat, and as a consequence the body becomes surcharged with heat, and as heat increases the heart is stimulated into greater activity. All this increased activity is an indication of lost power rather than an indication of strength. Fever may be likened to impotent rage, for it is not only warring against an invading foe, but it also consumes the body it fights for.

Those who have to do with fever must positively realize that fever is the result of poison, and if the poison is not septic (coming from

penned up wounds—wounds prevented from discharging either by poor drainage or retaining dressings), or pyogenic (caused by pus being forced into the circulation because of imperfect drainage of abscesses), it must come from food poisoning (food taken into the stomach and bowels which for some cause is not digested, must break down and decay, and the fluid decay is absorbed and poisons the system); hence it is necessary to determine from whence the poisoning comes and proceed at once to prevent further poisoning from the first two sources.

How long should an attack of disease last? Until the material—undigested material—that furnished the poison has spent its force. The reader should bear in mind that the immediate cause of all this physical derangement was the poison generated in the undigested material that was in the stomach and intestines at the onset of the disease, and *the disease must end when that material has become exhausted* UNLESS MORE MATERIAL IS ADDED.

Why did the food that caused the disease decompose and furnish poison instead of digesting and furnishing nutriment? Because the child had lost its digestive power—its bodily resistance had become temporarily impaired. If, then, the child was sick because it could not digest the food, what kind of logic or reason is it that says feed under such circumstances? What is to hinder every

teaspoonful of food, given under such circumstances, from becoming poison? There isn't anything to hinder, and, in truth, that is exactly what takes place; and it is the cause of a simple, short disease being converted into one of the most formidable and destructive of all diseases met with in the human race.

This disease, as well as all other diseases that man is heir to, is self-limited, and unless it is fed by bad nursing and worse medicating, it will run out in a very short time.

It appears impossible for physicians generally to accept the fact that nutrition is always suspended when the body is suffering with pain or fever, or when laboring to keep a threatening foe from gaining entrance to the blood, such as we see when the child is vomiting and purging—nature's effort at throwing out an ingested meal that meets with a pathological fermentation instead of physiological fermentation. Instead of absorption taking place, this life preserving process is reversed, and the serum of the blood is poured into the stomach or bowels, flushing this decaying material out and causing the life preserving process of vomiting and purging to take place, which expels the poison from the body.

When these little patients are fed by ignorant mothers and doctors this bleeding, as it were—this great pouring out of the serum of the blood—in its endeavor to wash back and keep the poison

from getting into the blood soon exhausts these tender little patients. That is the reason these cases melt away so fast. Mothers, if you would save your babies, stop feeding them until they are well.



CHAPTER IX.

Treatment: The treatment for cholera infantum must be the same as the treatment for any other disease, namely, meet the necessities.

Formulary practice will do for people possessed of child minds, but the educated man—the philosopher—must first know the principles and laws of life, health and disease, and then he is ready to treat any deviation from the normal—from the physiological. Names mean nothing. A real physician cares nothing for the name rheumatism, typhoid fever or cholera infantum, for the name really carries no significance. What is wanted is to know the patient, his environment and habits; the rest unfolds as naturally as the colors play when we have the raindrop, the sun and the eye.

The history and the thousand-and-one causal influences and symptoms that I have pointed out in the preceding chapters, all carry suggestions that are food for the thoughtful minded—for those who are wise enough to desire to know how to shape their lives so as to avoid the inevitable climaxes that must and will come to all who break health laws. Prevention is for the wise, and anyone can be made wise who is

really alive and who is awakening to the greatest discovery of this age, namely, *the limitless possibilities of man* and the fact that *no one realizes his possibilities*.

The reader has learned, long before reaching this page, that there is no such thing as *a* disease and *a* cause for it; there are causes galore and an almost endless variety of diseases, but the idea that there is a cause, single and individual, that can be taken hold of and drugged and made an end of, is too childish and impossible to waste thought on.

I would have my readers learn very early that disease will end when people cease to build it.

In the matter of cure: Nature alone cures, and she is at it just as long as there is life. All that the physician can do is to instruct the sick how to cease building their diseases, and nature will soon do the rest. This is true of the diseases of the little, innocent, sick babies that I am about to instruct mothers and doctors how to care for.

I will suggest treatment for an hypothetical case, and at the same time analyze the symptoms, their cause and treatment.

The baby is sick; its bowels are running off; it is sick at its stomach, and it is very feverish. If it could it would tell us about the pain in its stomach, bowels and head. It is so miserable that it can't rest quietly a moment.

Just here is where great dietetic errors in the care of babies are made. The restlessness of children is interpreted by mothers as indicative of unsatisfied wants, and in their goodness of heart they undertake to find what it is by offering the children everything they appear to want. Those who have had much to do with sick babies know that they reach and point for everything and when the object is offered they either refuse it with impatience or take it in their hands and impatiently dash it to the floor and change the little whine into petulant crying. The fact is, a child in this state does not want anything except relief from its malaise, but in the mother's endeavor to please she has given several extra feeds or partial feeds, and tastes of several kinds of food and perhaps a variety of drinks, for the rule is that all mothers think if a child cries it must be hungry, and the feeding is always increased, and the more feeding the more crying, until the child is forced into cholera infantum. It takes days and sometimes weeks of foolish indulgence to work up a very desperately sick child.

The case we are describing is quite common. The child has been growing decidedly worse for several hours. For days it has not been just right; its mouth has been hot to the mother's breast; it has been white around the mouth and nose, which is always a sign of irritation of the stomach, and it has not rested for some time as

well as usual. The passages from the bowels have been showing white milk curds for weeks, but the mother did not think it worthy of notice or indicative of an approaching disease. Possibly the child is bottle fed, and it has been acting so strangely—so cross when it has always been so good—that the mother decided that the food was not agreeing with it, and she made a change; it may be that she changed food twice, all without any benefit—the child being worse if any different—and at last we find it as described above.

What shall be done? The baby is very sick indeed, and we are uneasy about it, for it is said that half of these little people die before they are one year old. Just think of the sighs, groans and moans that come from the broken hearts of parents, especially the mothers; for these little ones are bone of their bone, flesh of their flesh (may the mothers forgive, for what I am about to say is cruel, but someone should be kind enough to say it), lust of their lust, appetite of their appetites, and hate, envy, spite, malice, jealousy, selfishness, recklessness and uncontrollableness of their mothers' similar traits, but alas! alack! they are not alone, for full accessories before and after the fact, and of more guilt, are the fathers; and because of the perversion, weakness, ignorance and general lack of physical and mental fitness of these people for parentage, it is necessary for these little ones to suffer, and many die. All the

suffering these poor little innocents are forced to go through with could be avoided if the parents were as intelligent as they should be, and I hope in the near future they will be.

What is the matter with the little ones whose symptoms we have just gone over? Cholera Infantum! Yes, that is the name of the disease, but what do those horrible symptoms—nausea, vomiting and running off at the bowels—mean? Poison! Poison? How could a little baby be poisoned? You know I have gone over the etiology, but the immediate precipitating causes are thermo-atmospheric and dietetic errors of either a quantitative or qualitative nature. Many children come into hot weather with a slight catarrhal inflammation of the stomach and intestines. If there is not a catarrhal condition there is an irritable state of the mucous membrane. Most of these children were encumbered with too much weight when born, and they have been fed too often and kept in such a vulnerable state that all they need to precipitate a cholera infantum is the enervating effects of a few weeks of hot weather, then a feed or two of milk that has gathered from the nursing bottle, nipple or some other container in its travel from the cow to the children's stomachs, a little ferment (bacteria, if you please); or the fermentation may have started in their stomachs or bowels, or both. The children were prenatally overfed, and the overfeeding has continued since birth,

and their stomachs and bowels have become more or less inured to the common fermentation; but the thermo-atmospheric change peculiar to hot weather has added a virulence to the ordinary fermentation which has carried it over to decomposition. Whether the decomposition that has set up all this train of morbid symptoms is from without or from within—generated on the outside of the body or generated within—does not alter the fact that the poison is there and is now threatening an invasion of their bodies.

Yes, it must not be forgotten that poison or anything else that is in the bowels is still on the outside of the body, and before it can get into the blood it must be taken up by the absorbents, and what we see here—all these symptoms we call disease—are the throes of this tiny baby's body in a desperate struggle to resist the entrance of poison into its blood. The lay reader must give strict attention to this explanation, for, if the symptoms of this disease are understood, the character of all diseases will be better understood.

The vomiting and purging are not enemies, they are conservative measures, they expel the poison, and these symptoms are aided by a large pouring out of fluid. Instead of the absorbents taking up the fluid contents of the stomach and bowels, which are now converted into decomposition, their function is reversed and a large amount of fluid, the serum of the blood, is transuded into

the stomach and bowels; this aids in diluting and rendering the decomposition innocuous, and at the same time furnishes enough fluid to render the vomiting easier and very greatly aids in flushing and clearing the entire alimentary canal of the poison that has created such a "rough house."

It must not be forgotten that our bodies in health are potentized with immunizing power, and to a certain extent we can render innocuous deleterious agents taken into our alimentary canal along with our food. The gastric and intestinal secretions attend to this for us every day of our lives, but when we live wrongly, overeat or eat the wrong food and break down the resistance and take on a quantity of decomposition greatly in excess of the immunizing power of the digestive secretions, and the destruction of our bodies is threatened, there is a general halt ordered. Metabolism, so far as construction is concerned, is suspended, and it will not be resumed until it is safe to call off the defensive forces.

Those of my readers who think and are willing to think, allow me to ask you a hypothetical question: When there is an explosion of ptomaine in the bowels, or decomposition beyond the immunizing power of the gastro-intestinal secretions to overcome has been taken in with the food, and to expel this poison nature has reversed the function of absorption and is throwing out all the fluid she can to neutralize the poison and flush

the stomach and bowels, which she does by causing vomiting and diarrhea, what think you of the idea of putting food into the stomach under such circumstances? Or if the stomach will not retain the food, what think you of using food by enema? What do you think would become of the food taken into the stomach under such circumstances? Isn't it reasonable to believe that the fresh food placed in the stomach will change immediately and become decomposed? And if it decomposes, will it not compel the body to continue its fight for self-preservation? And if nature must pour out a lot of blood serum to neutralize the poison and wash it out of the body, will not this great waste if continued soon exhaust the body?

By explosion of ptomaine I mean when there has been taken into the stomach food that contains enough putrescence to overcome the usual immunizing power of the digestive fluids; or the quality and quantity of food taken was so much in excess of the digestive and immunizing power that an acute gastro-intestinal inflammation was set up which excited vomiting and purging. This is what takes place when people have a sick day with bowels running off, perhaps vomiting, and all over with in one day.

When these cases are very sick it is easy to see them melt away because of the great amount of serum thrown out.

Lastly, allow me to ask you: Is it reason-

able to believe that there can possibly be any digestion and absorption when there is positively a reverse of the function of absorption?

After all this delay in coming to the point of how to treat the baby, I hope the dallying has prepared my readers for agreeing with me in what I shall do for the baby.

The first prescription will be: Stop giving anything except water, and feeding is not to be thought of until the child is quite well. So long as there is restlessness, fever and frequent watery stools, the child is laboring to throw off the poison, and it is positively murderous to feed, and any professional or non-professional who has followed me from the beginning of this article and will consent to feed until all ferment is out of the child's alimentary canal, is an incorrigible fool, and should be locked up, for he is a menace to society.

If there is vomiting, positively no water. To relieve the thirst a small amount of warm water may be put in the rectum with a fountain syringe, say, a half pint every three hours.

A wet cloth to the abdomen will help relieve the thirst and quiet the nervous irritation in the bowels. Proceed as follows: Wet a small towel in warm or hot water, or wet a fold of absorbent cotton; place it on the abdomen, then a piece of oiled silk or thin sheet rubber over the cotton, and then a dry towel binder over all. This application will not need to be changed oftener than

night and morning, for the oiled silk keeps the moisture and prevents wetting the clothing and bed covering. The wet application relieves the thirst as well as the nerves. The thirst is due to the great pouring out of the water of the blood, and it is hard to relieve when the stomach is involved with the intestines in the sickness, for when both are engaged in transuding the fluid for neutralizing the poison and washing it out, the waste of the fluids of the body is exhausting. It is not reasonable that these organs can be performing two functions at once, especially when the two functions are antipodal. There is no way of which I have any knowledge of going north while traveling south; and while the mucous membrane is transuding it can't be absorbing. That is, it is not possible for *my patients* to perform such Hindoo tricks, but dear old orthodoxy is filled with all sorts of antitheses traveling amicably together while going in opposite directions, all at the same time. It is enough to cause the brain of common folk to whirl and grow giddy, but there is nothing like it when one becomes used to it.

So long as order reigns I shall assume that when the stomach is engaged in expelling an enemy, and exuding fluid for that purpose, it can't be absorbing, and I shall lay it down as a fundamental principle on which to act, that when vomiting is going on water should not be given, for it renders the possibility of the putrefactive

fluids coming in contact with the irritated mucous surface greater, and if this exposure does nothing more than intensify the irritation, this is enough to keep up the drain, which further exhausts the system and lessens its resistance. The action of water when taken into the stomach under such circumstances is to thin the secretions and compel the stomach to do its work over. If the water is kept away the stomach succeeds in coating the mucous membrane with a thick, tenacious mucus, which acts as a protection, and if it is not washed off the irritation soon subsides.

The process is as follows: At first there is irritation which causes a pouring out of the serum of the blood; this washes away the poison, which is the cause of the irritation, and at the same time a thick, tenacious secretion is being exuded, so that when the thin fluid floats or flushes the decomposition off, the tenacious secretion covers and prevents the poison from coming in contact with the mucous membrane. The irritation that causes all this secretion is interpreted by the patient as thirst, and, of course, there is thirst, but the more water given the more irritation there must be, for it cannot be absorbed, and it interrupts the process of protecting the mucus membrane explained above. The water must be expelled by vomiting, and the vomiting further irritates and removes the mucous protection. If the *modus operandi* is understood no one will be fool-

ish enough to make the sick more uncomfortable. It should be remembered and it should become popular knowledge, that a sick stomach should not be further irritated by giving water, for it *cannot* be absorbed, and if it could be it would not be desirable.

In all sick stomachs, especially in typhoid or cholera infantum, there is an irritation due to the bad effect of decomposition, and the nausea and vomiting is a conservative measure, and, rightly interpreted, means, as I have explained above, a suspension of absorption and a pouring out of the water of the blood and other secretions for the purpose of immunizing and flushing, and there is thirst from loss of the fluids of the body, but this thirst is difficult to satisfy. There is a bad taste in the mouth that causes the patient to refuse to drink in spite of the thirst. Repeated attempts at drinking meet with failure, and the patient, if not a baby, expresses surprise and impatience at his inability to drink when his desire is so strong. This is self-protection—nature endeavoring to keep water out of a stomach that is busy fortifying against the invasion into the blood of a poison. When the taste can be tempted by pleasing flavors and the guard, bad taste, be inveigled into allowing something to pass into the rebellious stomach before it is safe to do so, there is but one result, and that is more sick stomach and more vomiting. Hence it is well to remember that when water

tastes bad it is nature's sign that it will be detrimental to drink it until the stomach is ready to receive it; then it can be taken with comfort and pleasure. In the meantime water can be given by the rectum, for in the early days of this sickness the lower bowel is not involved, and if the disease is controlled as it should and can be, it will never become involved; hence it will take water. But if later the rectum becomes involved the stomach will be better and can take water.

When those who take care of the sick can be made to believe, and will then remember that an inflamed mucous membrane will not absorb anything until it is well, or if it has lost a portion of its mucous surface by sloughing—from necrosis due to whatever the cause may be—they will be in a position to aid nature, or at least not obstruct her by giving water, food and drugs. If water only is given it must come back, and the longer vomiting is kept up the more irritation and danger there is of sloughing. This applies to the bowels as well as the stomach, for if the water is not absorbed by the stomach it must either come up by vomiting or pass through the pylorus and cause the bowels to run off more than they otherwise would. Food of any kind acts the same, only worse. When the nausea and vomiting are gone, all the water desired can be given, for it will be taken up by the stomach; but food must not be given until the diarrhea is gone, for the bowels must

aid in digestion, and they will not do so as long as there is inflammation, and if food be given there is danger of a sloughing of the mucous membrane; then absorption of decomposition will take place and a septic blood is added, which is liable to kill quickly, for the child cannot resist this state as well as a person in later life.

I have gone into the details of the cause of these symptoms, and the effects of the usual management and treatment, to show, if possible, the reason for my radical oppositions to that treatment. I am surely not to blame if as simple, common-sense management of disease is looked upon from the popular standpoint as radical.

I fully realize that if I do not give my reason for my plan of treatment I need not hope to have it substituted for the *senseless, murdering plan* that is taught and being practiced by the leading medical schools.

If my readers are convinced of the reasonableness of my demand, *don't feed until all symptoms of disease are gone*, I shall feel satisfied that I have accomplished something worth while, but if they are not convinced, the effort I have made must end in failure, so far as they are concerned.

We will consider the various phases of this disease as it is liable to be discovered after the children have been treated in the usual way.

When the disease first starts, it doesn't matter what the symptoms are: Stop feeding; wash out the bowels; give warm to hot bath; keep the child quiet; use applications to bowels; rub the body all over with the open hand often enough to quiet the child and secure rest. Keep the child in a room with its nurse; a third person must not be in the room; there must not be talking in any sick room, nor near enough in adjoining rooms to be heard. All sick people who are kept quiet get well in half the time required by those who are disturbed by being entertained. A nurse who talks should be boycotted by all physicians; rest assured when I learn of her she will get no work from me. The bowels, until cleaned out, should be washed every six hours; after that once a day until well. If there is no nausea give all the water the child will take. *Keep the feet of all sick people warm.* Those who have to do with cholera infantum cases, or any kind of baby sickness, *must keep the children's feet warm.* I have seen the little folks *dying in the hottest weather from lack of artificial heat.* Those who were taking care of them were suffering with heat, and they imagined that the children were also. Children treated on my plan will not become so prostrate, for their attacks of sickness will not last long enough.

If a child is fretful, not sick and not well, reaching for everything, refusing everything, taking only a drop of water, begging to nurse, take

it to a quiet room, darken by drawing the shades, remove its clothes, slip on a loose bed dress and put it in the bed, and, if necessary, the nurse or mother should lie down by it, and slip a hand on the bowels and rub it lightly for some time; then rub the back. It will not be long until the child's nerves will be quiet. If it still keeps restless, give it a warm to hot bath and continue the plan outlined.

If the child does not quiet down and get to feeling well soon, or as soon as parents wish, it is because the derangement is too severe; it requires more time. Rest assured there is no treatment so sure, safe and speedy, and if a patient lingers under it, it proves that the disease is a severe attack with a badly run-down condition of the system. It may take three days and nights before the child is ready for food, but if it is not ready at the end of that time, continue the fast for another twenty-four hours, and even another if such heroic measures are necessary; but don't lose all the benefit the fast has brought by feeding too soon and renewing the decomposition and set the case further back than where it began.

When the temperature is 103° F., the bath should be started at a temperature of 90° F., and gradually increased to 100° F. The length of time the child is to be kept in the bath must be in keeping with the needs and the resistance of the child. It should be watched, and if it appears to grow

comfortable and the nervous symptoms subside and the temperature declines, the bath should be prolonged to one-half, three-quarters, or even a whole hour. If the child shows by its actions that it is growing more comfortable all the time no harm can possibly come to it by prolonging the bath to complete relaxation; after which it should be taken to an airy room—no drafts—placed on a soft bed or pillow and lightly covered. It should not be annoyed by putting even a loose gown on it until it has rested from the bath, unless fortunate enough to have the bed dress heretofore recommended. If it can sleep, see to it that there is absolute quiet, so that the sleep will not be disturbed.

It is necessary to secure all the rest and sleep for these little patients possible; not by administering drugs, never! Millions of these little people have been sent across the great divide by doctors, nurses and others in a vain endeavor to force rest and sleep by the administration of drugs supposed to act in this way.

It is criminal to give anything in the drug line to quiet patients at any age, but especially is this true in infants, for they are characteristically susceptible to the action of such drugs, and they always act detrimentally.

If these drugs were not *per se* detrimental in their action, they should not be thought of in the treatment of infants, for it should be understood

that children will not be sick unless they are made sick; hence, instead of hiding their pain for a very little while by giving a palliating drug, the physician whose advice is sought should reason thus: The child can't be sick from any other cause except food, for it is not exposed in any other way; hence the restlessness and suffering must come from digestive disturbances. I will stop the food entirely and give warm baths often enough to remove all pain. This is the proper reasoning, and the treatment has no equal.

The pain killer and life saver, first, last and all the time, is to stop food and *keep it stopped* until the victory is won. Don't be afraid of starving the child to death. It is senselessly paradoxical for a doctor to be afraid that he will starve a child to death when he does not hesitate to feed it when it is sick, then kill it with drugs in a useless endeavor to overcome the evil effects of his feeding.

To give drugs for the purpose of forcing rest and securing sleep is malpractice, and should be recognized as such by law, and offenders, even parents, should be punished. This will never be, however, for crimes committed in the name of superstition are rewarded.

There is nothing so conducive to sleep as absolute quiet, and that is the reason I lay so much stress on isolation and restricting the nursing to one person.

This disease is much more severe in the warm and sultry sections of the country than it is in Colorado.

In the old days, when I practiced in Illinois, it was not uncommon to be called to see children suffering as follows: Nausea, vomiting, diarrhea, temperature 104° F. to 105° F. These symptoms would last six to eight hours, followed by almost, if not quite, fatal collapse. If called early enough in the fatal cases I would find their symptoms those of stupor, quickly followed by coma, and death; all occurred—beginning and ending—in one night or one day.

This picture is desperate, and the results were often fatal, for frequently I was not called early enough, and when I was I did not work fast enough. These were days when I foolishly put my trust in drugs, and what can drugs do but fail? *Reaction must be had at once*, and there isn't anything that will bring it except heat. If heat to the surface cannot call back the blood that has abandoned the cutaneous capillaries and gone to the centers, overwhelming the brain and heart, there is no hope.

What can heart tonics do, even if used hypodermically? If anything at all they can finish the collapse by stopping the heart.

It will do to tell people who don't know—those who haven't given drugs and sat by and

watched while they failed, or did exactly the opposite of that for which they were given.

I gave drugs long enough to know that good results follow their use in cases that would get well in less time without them. In such desperate cases as I am now describing, their effect is detrimental, if they can have any action at all.

If the physician is called in time he should put either type, those with high fever or those in a collapse, with possibly subnormal temperature, in a warm bath and gradually increase the temperature to 100° F., and maintain it at that point. The child's body should be submerged in the water and a blanket spread over it, so that if it objects to complete submersion there will be an equal temperature, for the blanket will shut out the air and keep in the steam. While in the bath cold water should be put to the head, if the temperature is 104° F., or above. The bath must be given in a room supplied with fresh air, and the face and head must be fanned all the time while in the water; if possible use an electric fan. If the physician is not called until the collapse, the bath is to be given just the same, except with no fanning, or, if any, very light in the face to stimulate and aid breathing. These collapsed cases must have air, lots of it, but they must be warm; hence when they are in the hot bath everyone except the nurse should stand back or leave the room, and permit fresh air to go to the child.

It is so common under such circumstances for everybody interested in the child to gather around and smother it by shutting out every possible chance for the air, to get to it.

There are very few people ever allowed to die naturally. At the last they are killed either in one way or another.

Very sick people will sometimes be made to faint by too many friends gathering in their rooms and using up all the oxygen in the air, and they no sooner faint than the friends rush up closer and lift them up, thereby cutting off all possible chance of resuscitation, for people in a faint should have their feet elevated rather than their heads.

When the child is very sick, with blanched countenance and almost imperceptible breathing, slip the pillow out from under the head, elevate the feet, if possible, without disturbance, place artificial heat all around the body, secure plenty of air, and let the child alone. Further than this is malpractice.

The case with high fever must have the bowels washed with warm water and soda, a teaspoonful of baking soda to the quart of water. Wash the bowels before and after the bath; allow the child to rest for an hour after the bath before washing the bowels. When from appearances the bowels are pretty well cleared out, stop the enemas, as they are weakening. Use enough water

in the bowels to relieve the thirst, say, a half pint every three hours, and this is to be continued until the stomach can take it.

All cases with very high temperature—say 103° F. and over—must be kept in the bath just as long as it appears to be relieving, not, however, to exceed an hour; then they are to be put to bed and all the instructions given heretofore carried out. If the temperature is at 103° F. or above after leaving the bath, put ice to abdomen, heat to feet and keep the child quiet—*absolutely quiet*.

The collapsed case must be kept in the bath long enough to bring on reactivation. As the enemas are exhausting, do not use them; do as near nothing for the child as possible. If it appears to revive in the bath, keep it in ten, twenty or thirty minutes. If it appears to go down, remove it carefully and put it in blankets that have been previously heated. Don't do this in a shilly-shally manner. *Toast the child*. See to it that it is just as warm as it can be made, not to burn it, and don't forget how necessary it is to have fresh air and absolute quiet. If it revives and warms up, remove the covering a little at a time; see to it, however, that it has no chance to grow cold; bear in mind that infants have very little power of resistance, and after a shock of this kind, with a sudden reduction of the fluids of the body, their life forces are running very low, and every time they are moved, it matters not how gently, it costs

them nerve power. Noises about the house, loud talking, heavy walking, door slamming, anything and everything that makes an impression upon their nerves of sensation, costs them valuable nerve force; hence children in this state of exhaustion can be killed, and are killed, by neglecting these *little* details.

What else is there to do? If there is an indication of thirst, put two ounces of water in the rectum with a fountain syringe every three hours. Positively nothing else until full reaction is established and all indications of sickness are gone. How long it will be I cannot say; each case of this kind is a law unto itself, and will have to be treated accordingly.

A few cases have convulsions. The treatment need not differ materially. Much can be expected from the bath, and it must be pushed to complete relaxation. First of all, in convulsions at any age and from any disease, with the exception possibly of certain heart complications, the bowels must be cleared out by copious enemas of warm water; then to the bath, starting it at 90° F., gradually increasing to 100° F., and if the pulse holds its own or improves and the nervous symptoms improve and the muscles and tendons relax, continue the bath at 100° F.; but if the symptoms are not ameliorated or the muscular rigidity increases, gradually increase the temperature of the water to 105° F., and hold at that for five or ten

minutes, then increase to 110° F., carefully watching the pulse and breathing; if either show a tendency to fail, and there is relaxation of the muscles—a complete subsidence of the convulsions—remove the patient from the bath and make it comfortable in bed, with heat to the feet. If the muscles stay rigid and other symptoms indicate a continuance of the convulsions, continue the bath to full relaxation, then remove from bath to bed and make comfortable. If symptoms of convulsions return, put the patient in bath, and do as before, and repeat as often as necessary until there is no more return.

I have been called to see children after they have been sick for days and others for weeks. Of course they have been fed and medicated. All must be fasted until the stomach and bowels are cleared of decomposing milk curds, then fed according to the power to digest.

It is no uncommon thing to be called to see chronic gastro-enteritis. These are cases that originally had cholera infantum, and were so rugged that they withstood the disease and all sorts of maltreatment.

A more common type, however, are those children left with chronic entero-colitis. This is the common summer complaint that requires a fast to cure—to kill would be according to the conventional ideas of treatment.

Hot weather favors decomposition; this ten-

dency is overcome by cool and cold weather; this no doubt does some good, besides the hot weather enervates the nervous system of babies and cool weather tones up; hence there is something in the old Frost Cure, but there is an element in these cases never considered by the frost prescriptionists and those who send babies to the mountains, and out on the floating hospitals and the advocates of anti-heat remedies of all kinds, and that element is OVERFEEDING.

This is the one conquering cause—the all-important etiological factor that baffles all the prescriptions of all the doctors.

That etiological factor remains when the frost has removed most of the decomposition element, and prepares the little martyr of summer sickness, for such diseases as commonly afflict children in winter and if it manages to get through all the children's diseases as it grows older it gets its share of the diseases peculiar to grown people.

Such an important cause should not be overlooked, but it should be known and corrected before death puts a stop to the carrying out of the life's program of disease, or the patient lives to carry out the routine to the end.

The meeting with and the correcting of this cause in all diseases is one of the most important therapeutic measures connected with my plan of treatment, and my mode of applying it I shall take up now.

CHAPTER X.

Treating Convalescents: When the disease is fully controlled, the bowel discharges have lost their disagreeable odor and the color has changed from green, mixed with mucus, to a normal color and proper consistency, and instead of being indifferent to all that is going on around it the child notices, shows interest and is much easier taken care of; it sleeps well and has ceased to whine and find fault with every effort at trying to please it; when the fever is gone, and the transformation from the sick child to the taking on of the foregoing signs of returning health is completed the child may be given a little fruit juice for one or two days. Blackberries are a favorite fruit of mine for sick babies. They should be picked over and washed; allow them to stand under running water for a while, at least an hour; then mash them into a pulp or run them through a fruit or vegetable mill, then express the juice and give the child all it will take morning, noon and night without sugar, and if the berries are as ripe as they should be the child will enjoy the juice. Feed with a spoon. A sweet cherry—the California dark red that is on the markets of most cities—is about as nice as the berry. There is no

objection to the juice of sweet oranges. The peach is allowable when fine. The Arkansas and Colorado are the best on our market. I have not seen a good California peach.

After two days of fruit juice, three times a day, and when everything is moving along satisfactorily, on the third morning the child should be fed one-half of a feed of the same food it was accustomed to before it was taken sick. If it has been nursed by its mother up to the time of taking sick and she lost her milk before the child's recovery, then it will be necessary to select an artificial food. If a wet-nurse is not to be had, then use the milk from a healthy cow. If possible from a cow that is cared for properly, and then secure the milk fresh from the cow at each feeding; or if a goat can be had, one that is properly cared for, take her milk fresh at each feed. Give what would be half a feed, and have the rubber nipple perforated so that the baby will have to work for what milk it nurses from the bottle. If the milk comes too fast the child will not have occasion to work the tongue, jaws and cheeks enough to generate the amount of saliva necessary to secure good digestion, besides the working of the tongue, jaws and cheeks stimulates gastric as well as intestinal secretion.

If the milk flows through the nipple too easily it may be well to stuff it with a little aseptic lamb's wool. The wool can be thrown away after

each nursing or it can be boiled and thoroughly cleansed.

I am not much of an advocate of diluting the milk. I never recommend it for children who have not been sick. After a sickness I usually allow a little water, about one-fifth; say, four ounces of milk and one of water.

The morning of the third day the child will have one-half of its accustomed food. If it has been fed on its mother's breast, and now must change and it is six months old, it should be given two and a half ounces of milk and a half ounce of water. If it is a year old it should be given three and a third ounces of milk and two-thirds of an ounce of water for the first feed; then fruit juice for the other two feeds for the third day. If all is well on the fourth day give the same amount of milk for the morning meal and the same for the evening meal and at noon the fruit juice. If all is well on the fifth day give the same for morning meal, at ten o'clock a feed of fruit and lettuce. Grind the fruit very fine, also the lettuce, and mix equal quantities. Don't strain the fruit any more; grind as fine as the fruit and lettuce can be made and give the child all it will take without urging; then at two and at six o'clock the same food and the same sized meals.

I believe in three feeds a day, but if the parents insist on feeding four times a day I permit them to do so with children under eight months;

but if the recovering child is a year old I insist on three feeds a day, and one of those feeds fruit, either morning or noon. At the beginning of the second week of feeding increase the amount of milk one-half ounce each day until the child is taking all required.

If the child feels badly any time after the feeding begins, stop the food until everything clears up; then return to the feeding as usual.

Once upon a time I was chased from pillar to post—taxed to the uttermost to find suitable foods. Those were days of “try this,” and “try that,” and try the other thing. I had the usual success of guessing schools, namely, when the guess hit it hit, and when it missed it missed, and I knew the reason for the one just as well as I knew the reason for the other.

If there is a Fool’s Paradise anywhere on earth it is surely practicing medicine according to the standards.

It is try this food for a while; the child appears to do all right for a while, but a change comes; there is diarrhea and sick stomach; a new food is procured and the results are about the same. And so it goes, until all known foods and drugs have been used. Some of the victims of all this guesswork live in spite of every opposition, and whatever food they happen to be using when they are taken off of the baby food to go on to regular food, that food will get the credit.

The secret of success with children is to fit the child to the food, and never attempt to fit the food to children.

Don't feed when the child feels badly, and, as soon as it feels all right, then resume the feeding; always try to be safe by not overfeeding. When the food is well selected, then fit the child to it.

Never feed between meals, and if a child is taken care of properly there isn't any excuse for sickness. Always bear in mind that sickness comes from breaking health laws. Learn the law and obey.

Children with chronic diarrheas should be treated as follows: Stop all food except the fruit juices, and give them three times a day until the bowels have righted themselves, then give one regular feed a day with two of fruit, and then increase slowly as the child's bowels can stand it.

If these instructions are followed to the letter good results must follow. There is a middle ground that gives parents and the doctor trouble. The child is not sick, and it is not well. The mother says it is cross; those in hearing of it and not particularly interested in it say it is spoiled; the fact is that both opinions are right. The child is cross, it is spoiled, and it is sick. All cross, spoiled people, from infancy to dotage, are sick people, and the cure consists in discipline. The child must be fed regularly, and if there is evidence in the stools of overfeeding, cut the quan-

tity down and give one meal a day of fruit and vegetable juice; give one or two dry hand rubs a day; see that it sleeps an hour in the forenoon and an hour in the afternoon; put it to bed regularly at six or seven o'clock in the winter and seven to eight in the summer, and then stop nursing, carrying, noticing, coaxing, petting, and endeavoring to please it. If it disturbs the neighborhood for a week yelling, it must be. *Unteach it.* Let it understand once for all that it can't buy anything with a cry. When it once finds this out it will be the best child in town instead of the worst; besides, it will get well and stay well.



DRUG ACTION OBSCURES DISEASE

When I allude to physicians, or make such statements as, "That is as far as most drug-physicians are capable of discriminating," etc., I do not mean that they are incapable of discriminating if conditions were favorable; what I really mean is that when the symptoms of any disease are mixed with drug-symptoms, and when any disease is modified by drug-action, no physician, I do not care who he is nor where he is nor what his titles are to *air castles* in the professional skies, *knows anything about the disease*. Neither can he make a prognosis that will be any better than a layman's guess. This being so true that I defy successful refutation, isn't it time for big minds, broad minds and capable minds to throw overboard the silly, childish (ne)science that positively inhibits the discrimination that is so necessary to render experience valuable and progressive?

TYPHOID FEVER

I know of no other disease I dislike so much to write about as typhoid fever, for there is not another one that stands so acutely clean-cut and positively individualistic before the lay, as well as the professional, mind, as does typhoid fever. The average mind associates the word *typhoid* with a positive, definite form of fever that takes hold of anyone who has had the misfortune to swallow a typhoid bacillus, either in his drinking water, milk, or in some irregular and undiscoverable manner. Smallpox and diphtheria have not so much definiteness—such absoluteness—as the disease typhoid fever has in all, or nearly all, minds. This being the truth as to public opinion, I think almost anyone will agree with me that I certainly have some foundation for disliking to write on the subject, when, to do so, is to be in opposition in every particular to lay, as well as professional, minds.

CHAPTER I.

History: Typhoid fever is found in all civilized countries. It is as widespread as any disease of which there is any record, and it is undoubtedly of great age, although the word typhoid is of comparatively recent origin. Hippocrates, who lived several centuries before Christ and was the keenest medical observer of antiquity, described conditions that point to typhoid.

This disease was formerly confused with other fevers resembling it in one or more particulars. In 1837 it was clearly differentiated from other diseases by two American physicians, Gerhard and Pennock. Before that time typhoid and typhus—the latter fever is at present practically unknown in this country—were looked upon as the same, or as two phases of the same disease.

These statements regarding the history are worded to agree with recognized best authorities. In reading of this disease and coming across such statements as, "In 1837 it was clearly differentiated from other diseases," etc., one would suppose that there is a disease, typhoid fever, with such clean-cut outlines that there can be no mistaking it. This is true on paper—in the text-books—but not in reality, for, in actual practice, diagnosis is a continuous guesswork, and, if some

of the landmark symptoms are delayed or fail to come at about the expected time, all is chaos. Of course physicians do not make a business of telling this to their patients, but they know it, within themselves, as only too true.

That there has been and is now a sickness ranging in severity from a mild threatening, or abortive type, to a most virulent, septic fever, with bowel ulceration and hemorrhage, there can be no doubt; but the fact is that it has changed quite materially as it has traveled down the ages, conforming to changed environment—becoming ameliorated as public hygiene has improved and as society has improved in its mode of eating, clothing, and taking care of food—and, neither last nor least, it has varied exceedingly in its appearance under varying treatment, being mild and failing to develop its characteristic symptoms when nursed and handled kindly; but, when treated harshly by drugs, developing all the virulence of the lowest form of septic fever. All this makes the diagnosis difficult and uncertain, and bears convincing evidence that there is in reality no specific type of the fever.

CHAPTER II.

Pathology: The changes in the body in typhoid vary greatly, but in severe cases the whole system is involved, especially the glandular structure. The liver, spleen, kidneys, and other glands become enlarged; the spleen is sometimes three times its normal size. The muscles lose tone and degeneration is often present. The heart becomes weak and flabby.

The characteristic lesion, which is supposed to be present in all cases, is the involvement of Peyer's patches and the solitary glands. These solitary glands are similar in structure to the patches, but they are not grouped together and they are found both in the large and small intestines. These glands first become swollen, then part of the tissue dies, after which it sloughs off, leaving ulcers. These ulcers may be very superficial and affect only the mucous membrane; they may go down to the muscular coat; they may penetrate the muscular coat and have their floor on the peritoneum; or they may even perforate the peritoneal coat, resulting in peritonitis and death.

The ulcer, when deep enough, eats through the blood vessels and then there is hemorrhage. The hemorrhage may be due to bleeding from

many small vessels or one large vessel may have been perforated.

The extent of ulceration varies. Sometimes the lower half of the ileum is one mass of sores, and again it is almost impossible to find any ulcers. These sores generally heal without causing any trouble, but at times there is contraction enough to cause serious constriction of the bowel.

In the type of this disease known as walking typhoid the intestine is often very severely affected, and cases are on record where apparently light attacks have resulted in sudden death from hemorrhage due to ulceration and perforation, post-mortem examinations revealing extensive ulcerations. It is therefore wise for these patients to be very prudent.

All this pathology is unnecessary. It comes from the treatment. When this disease is cared for as it should be—nursed and kept away from food and drugs—such pathological conditions will never be seen.



CHAPTER III.

Prevention: In order to prevent the disease Sir Wright of England advocates and practices inoculation. A pure culture of the typhoid bacilli is made; then it is heated until the bacilli are killed and a certain amount is injected into the patient. This, it is claimed, puts the blood into a state of immunity; in other words, the patient cannot have typhoid fever. This is on the order of vaccination for smallpox and quite like vaccination, in that a number of cases are on record that have been inoculated, but, notwithstanding the protection, they have contracted typhoid fever. It is now being introduced into the United States Army, in spite of the fact that it failed to protect the British Army in South Africa.

It is unnecessary for me to say that I do not believe in vaccination, culture or serum inoculation, or in any prevention except good health.

Good health means much; it means correct habits of life in the care of the body—in eating, drinking, clothing and taking care of the mental and emotional natures.

When one is living a life of moderation in all things one will be in about as good a state of immunization as is possible.

By being a close observer for more than thirty-five years, in which time I have mingled very intimately with sick people as medical adviser, I have proven to my own satisfaction that there is but one immunization in the world that is worth while—worth pinning one's faith to—and that is health, such health as comes to all who have good habits.

The person who is living a life of sensual indulgence—gratifying lust to the point of physical exhaustion—should consider himself in line for any disease that his environment favors, for it should be understood that disease is the sum of a multitude of elements. Environmental influences are local as well as general, and they are endemic as well as epidemic in character; add to these a body devoid of its normal resistance and then subjected to illogical treatment and the sum will be the disease; hence, as it is impossible to find two people just alike, two environments just alike, two treatments just alike, it can plainly be seen how utterly impossible it is to find two cases of a supposed specific disease just alike.

The above statement being true, the absurdity of discovering a unitary entity of some sort that will act as an immunizing agent must appeal to any man or woman of intelligence.

A multiple causation must be met by an opposing treatment co-equal in elemental constituents.

Because an individual may be satisfied and apparently nourished for a day, a week, a month, or a year, on a food representing one, or two, or half the number of elements required to build his body, it does not signify that his body should be kept on such a line of food for, if it is, it will come to grief. A compound body must be maintained by a compound food supply.



CHAPTER IV.

Prognosis and Sequelae: The mortality varies with the treatment, ranging all the way from five to fifteen per cent. Dr. Curschmann places it at about ten per cent., which is certainly not too high. In some parts of this country the developing of typhoid fever is almost equal to a death warrant. Some live through the attack, but never regain health. Sequels kill many. Such complications as pneumonia carry off many. The kidneys and the heart are often left chronically affected. Temporary deafness is not uncommon. Phlebitis frequently leads to the need of amputation of a leg. Impairment of the senses, mental weakness, and even insanity are some of the results.

Typhoid is rare in infancy and old age. The most common period is between the ages of fifteen and twenty-five, and it occurs most frequently late in the summer and in the fall. Osler says that well nourished people are attacked most readily. Why? Because the so-called well nourished people are always overfed, and, when atmospheric conditions are favorable to decomposition, these people are very prone to attacks of ptomaine poisoning; and, if they happen to be in just the right

physical condition when they have the explosion it will be an easy matter for drugs, feeding and *good* nursing to develop a star case of typhoid.



CHAPTER V.

Etiology: The causes that have been given for this disease are too numerous to mention. Murchison, for a time accepted as authority on infectious diseases, taught that putrefaction, especially putrefaction of human feces, is capable of giving rise to the poison which causes this fever when the products of the putrefactive process were taken into the body by means of air, water or food.

Murchison was right as far as he went, but he should not have placed the limit of the source of infection to the taking in of the poison from without. If he had gone one step further and had recognized the possibility of putrefaction taking place in the food anywhere after it is swallowed until life has been imparted to it and it has become living tissue, his etiology would have covered the entire field.

The most astonishing psychological peculiarity met with in the study of the science and practice of medicine—a science that abounds in inexplicable and inexcusable, because unnecessary, mental vagaries and mysteries at every step and turn, notwithstanding it has a setting and background of scientific truth which is simplicity

itself—is the peculiar effect the study of this science has upon the minds of most of those who enter the profession. It matters not how clear minded or logical they appear to be to start with, before they have taken their degrees of M. D. and ever after, the common things of life become uncommon; a foregone conclusion to the common mind, to the child if you please, becomes, to the medical mind, impossible, ridiculous and not to be thought of. To make myself clear and illustrate what I mean, let us take a very simple fact of life that any fourth grade child can understand. Everyone knows that meat, without a preservative, will decay very rapidly in hot weather. We have meat inspectors for the purpose of condemning spoiled meat and prohibiting the sale of it; for, if it is sold to the public and the people eat of it, Dr. Murchison and other authorities tell them that it will poison them and possibly bring on typhoid fever. The child can see and understand this and soon learns to know that spoiled meat has a bad smell and makes anyone sick who eats of it. This child is told that the temperature of the human stomach is one hundred degrees, several degrees warmer than summer heat, and that the only reason that meat does not spoil when taken into the stomach is because the digestive secretions force it into a physiological fermentation which converts it into peptones and these peptones are absorbed and taken into the circula-

tion and carried to all parts of the body and used as building and repairing material. This the child will understand, after being told, and can and will remember about when eating. If this child is asked what will become of the meat if something has transpired to prevent the stomach furnishing that peculiar secretion which dissolves or digests it and fits it for body building, it may hesitate a little, for it is not accustomed to taking the initiative in answering unusual questions or volunteering information, and it may need a little coaching; hence we will remind it of what it already knows by asking, "What becomes of the meat when not kept on ice, or preserved with salt, especially in hot weather?" The child answers at once, "It spoils, of course." Then we go further with our quiz: "If the stomach temperature is higher than summer weather, and we eat meat and have no power to digest it, what will become of the meat?" "It will decompose, of course," the child answers. Then we ask again, "When we eat decomposed meat, what happens?" "It poisons us," says the child. "If it decomposes after we eat it, what will happen?" "It will poison us," is the child's reply. Of course that is a natural, reasonable and common-sense reply, but I hasten to disabuse the child's mind of this error and tell it that common sense, logic and reason can't be trusted to answer this question correctly after the meat gets inside of the human body, for

in that mysterious realm everything is changed, laws are all reversed, everything works exactly opposite. As the child looks doubtful and incredulous I tell it that all the great and learned men of the profession say that putrefaction taken in from without will build typhoid fever, but that when putrefaction takes place inside of the body, it doesn't do any harm. The child soliloquizes: "That is queer, isn't it! But the big doctors ought to know." And from that time on the child knows that the laws of nature pertaining to health and disease, so far as the medical profession is concerned, operate in a mysterious way, and when it grows up and applies for medical advice, it will be satisfied if the service it receives is mysterious enough—sufficiently incomprehensible.

I have never been able to understand why the profession makes such hard work of finding a cause for sickness. There is a general belief in ptomaine poisoning and auto-intoxication but the profession can't apply it to pneumonia, typhoid fever, cholera infantum, and other diseases that were established before the theory of ptomaine poisoning.

Murchison's theory of the cause of typhoid fever was in time displaced; physicians began to believe that a specific poison was the cause. In 1880 Eberth discovered a bacillus, the bacillus typhosus, which is to-day almost universally believed to be the cause of typhoid fever.

“Typhoid fever and Asiatic cholera are caused by swallowing food and drink contaminated by the discharges of previous cases. Milk, contaminated with enteric fever, or water may carry the infection; also raw oysters taken from contaminated water. The bacillus typhosus is not destroyed by freezing and may be conveyed by means of ice. Uncooked vegetables may carry the infection and, in all probability, the common house fly is occasionally the vehicle of its transmission.”—Caille.

In order to establish the germ theory of disease, many experiments have been performed upon animals, rabbits and guinea pigs in particular, but up to date these animal experiments have not proved that this bacillus causes typhoid, for the animals have refused to contract the fever.

Under the microscope the typhoid bacillus is a shaggy looking little rod, so small that about 8,000 of them placed end to end would make one inch. Osler states that the number of bacilli is not proportionate to the severity of the disease, and Prof. Herter says that these bacilli are discharged from the bowels of people who have shown no evidence of typhoid.

Some observers think that the common colon bacillus, always present in the bowels in great numbers, is the same as the typhoid bacillus. It is difficult to tell them apart, for they look alike and their actions are quite similar; also, they act

differently according to different environment. To complicate matters still more there are bacilli called paratyphoid and paracolon. The Shiga bacillus, a so-called cause of dysentery, is much like the typhoid bacillus, and there are others. It should be discouraging to those who believe that there is a specific germ for each and every disease to learn that these micro-organisms differ constantly. It must be disheartening to those who wish to believe to find themselves beset with difficulties that are hard to overcome; to find contradictions galore, and proofs against the germ theory evolving faster than proofs for it.

The typhoid bacillus is easily grown and I wish to call your attention particularly to the fact that it thrives *best* on broths and milk, the foods usually prescribed by physicians who *do not believe in feeding in typhoid*. It is so resistant to cold that it has become active again after being frozen for three months.

The bacilli are generally found in the bowel and bladder discharges of the patient, often in the blood and the rose spots. In fatal cases they are invariably found in the spleen and often in the gall bladder.

Why? After a fever has been urged by drugs and food to take on a septic condition, the bowels ulcerate; this denuded portion becomes a gateway for the poison (germ) to enter the circulation, and, after it is once there, it may find its way to

any part, in fact the most remote parts, of the body. After gaining entrance to the circulation, it may go anywhere. Why not? There can't be anything strange or unexpected about the migrations of germs that have become changed in their natures because a change has taken place in their habitat, forcing them to pass out.

In all diseases where there is a denudation of surface, or in abscesses where the pyogenic membrane (the pus retaining membrane) is broken, the contained fluids and secretions gain entrance to the circulation, after which there is a constitutional contamination. So long as nature can keep her defenses intact she is able to prevent serious complications, but when they are badly broken down she fights a losing battle.

In typhoid fever drugs are given to move the bowels. When mercury is given and the drug fails to be "worked off" the patient suffers from its corroding effect. The drug irritation favors ulceration, which furnishes an absorbing surface for the poison, thus affecting the whole system.

I say positively and emphatically that the germ that has been named *Bacillus Typhosus* of Eberth is not the exclusive cause of typhoid fever, for the germ has been found in people who were not ill, and there have been many cases of spontaneous typhoid—that is, the disease has been known to develop without known germ infection.

The statements I make that the germ has been

found in the intestines of normal individuals, and that cases have developed without their presence I do not volunteer; I take them from the best authorities—men who are recognized as leaders.

But opinions for and against the germ theory have nothing to do with my opinions for I have studied the disease at the bedside, the only place that a disease of any kind can be studied with accuracy.

In the early days of my practice I had much to do with the so-called malarial fevers, including the typho-malarial fever. I have been interested—more amused, however, than benefited—by the professional bickerings between would-be authorities over the question of whether there is or is not a distinct type of fever peculiar to the malarial districts entitled to the name of typho-malarial fever. There is not so much dispute these days for there is not so much malaria as there was twenty-five to forty years ago.

Why should there not be a typho-malarial fever? Any fever, it matters not what the primary or exciting cause may be, that can be furnished with enough material to keep it in constant manifestation, will, in the course of a few weeks, show a change in the blood and that change is known as sepsis.

The source of sepsis is the food that is given in these diseases, under the erroneous belief that it will build up or furnish the patient strength.

All low forms of fever, it matters not what their origin may be, from the simplest to the worst so-called contagious disease, are alike in one particular if not in more, namely: Septic Poisoning! and of course this sepsis ranges all the way from a light form to a state of the blood that is capable of starting up an endless variety of diseases; a few of which I shall name to show the range of the malignant influence: *Phlebitis* or inflammation of the veins; *endocarditis* or inflammation of the lining membrane of the heart; inflammation of the valves of the heart, leaking heart, or valvular disease of the heart; tuberculosis. If the patient recovers from the fever, and convalescence is apparently perfect, the sequels that may lie in the wake of recoveries from such diseases are *gangrene*, *aneurysm*, *abscess* of the liver or the brain, *paralysis* of different parts of the body, etc.

The cause of these diseases is obstruction of the small blood vessels—the capillaries anywhere are liable to become obstructed by minute fragments of vegetation from the inside of the heart and from the valves. These small fragments form emboli which are carried to all parts of the body and lodge in the capillary blood-vessels, shutting off the circulation, and, if the obstruction is located in such a way that a collateral circulation cannot be established, the ill nourished parts must die, giving rise to abscess. Just where these ob-

structions and abscesses will form cannot be foretold. The reader can see that almost any part of the body may be involved. Paralysis may be brought on by embolic pressure.

When it is possible for a blood derangement to take on such a dreadful and formidable state, it is worth while to know how to avoid such an undesirable contingency. Before I get through I shall tell why such a state is unnecessary and how it can be avoided. Any fever badly treated—fed, medicated and nursed to the extent of robbing the patient of all rest—will evolve a septic condition of the blood, and, as there is putrefaction of food taking place in the stomach and bowels, there can be no good reason why ulceration should not take place with further systemic poisoning.

Having had fifteen or sixteen years of experience in a malarial country, I say, most emphatically, that there was typho-malarial fever in that country; and the reason I know so well that there was plenty of it there is that I was engaged in making it and made it in just about the same way other doctors made it. When I had the case well worked up I called other doctors in consultation with me to see if they could think of anything I had forgotten by which the case could be further complicated. They always returned the compliment, and in this way I learned to know that my way of developing a case of typho-malarial fever

was correct according to the best authorities. *When I say that it takes a doctor with drugs and food, and a loyal nurse to rub it in, to make a typical case of typhoid fever, I know what I am talking about.*

Quinine was the test, and it is yet in all countries where there has ever been any malaria. Even here in the city of Denver we have quinine takers and dopers. The regular physician is educated to give drugs and, as he is expected to get busy when called to see the sick, he usually gives something; and, since quinine has been for years a staple and stereotyped prescription, it is given. The doctor is expected to do something when called, or he thinks he is, and, while waiting for developments, he takes a few shots with quinine, believing it can do no harm and it may do good.

If a physician should say to his patient, after finishing his examination, "I do not know what is the matter with you; your disease has not developed enough for me to say just what the type will be; we will wait until to-morrow before making a prescription and we may then be able to tell you all about it, but until then possess your mind in peace for, judging from the symptoms to-day, you are not going to have a severe sickness," what would such frankness cost him if he should happen to be unknown to the family? It would cost him his job. But if, on the other hand, he should make a thorough examination and say,

“You are indeed quite sick; unless we are successful in aborting the symptoms you are elected for a run of typhoid. You must take this prescription according to directions and we will know in a few days if you are to be out soon, or if the disease must have its course,” then he would retain the confidence of the family.

The latter statement is, to all appearances, just as honest as the former statement, but there is enough difference to cost the patient treated according to the latter plan his life.

It is quite possible that the last straw necessary to completely break down the latter patient's resistance is the quinine given every three hours for the few days required to objectify the initial septic symptoms. The doctor does not prescribe the drug because he really believes it will benefit the patient. The fact is he does not think one way or the other; he has the habit; and if asked why he gives the drug—if his experience justifies its use in those cases—he really cannot say, notwithstanding he has been prescribing in that same way, under apparently the same circumstances, for years. He has had good results part of the time and the other part of the time indifferent to bad results; and, it matters not how much attention he gives each and every case, there is that ever present, unsatisfactory mystery, or indefiniteness. Each case has something about it which defies his best efforts to discover, and it makes

him feel that, if that little undiscoverable something would make itself known to him, his treatment could be made to take definite form. When his patients recover he knows not why any more than he knows why others die.

When the average doctor is called to see a patient, the time of year being favorable to the development of typhoid fever and a few cases having been reported, he begins to look for the symptoms and, while waiting for their development, he gives drugs. If he is asked why, he will hesitate before answering for he has no very good reason except that the patient expects him to do something. The giving or taking of drugs is a very bad habit and, like all other bad habits, it is detrimental.

In malarial sections the doctor's thoughts work out in about this fashion when called upon to prescribe for a suspected typhoid fever: If there is any malaria the drug—quinine—will control the fever; if it is a case of typhoid it will not, for “A fever of over a week's duration *which resists the action of quinine* is usually typhoid fever.”—Musser. Note the *great certainty* and *positiveness* of all this! The quinine can't do any harm! That is as far as most drug-physicians are capable of discriminating, which, I am sorry to say, is not very far. If to discriminate means to find fault with a favorite drug—a time-honored drug—a universally acknowledged

and accredited drug—it is out of the range of possibility. No! Rather than find fault with the drug the physician would be more likely to suspect himself and question his own skill; or he would rather believe the case an unusual one, freakish, and suspect the patient of being idiosyncratic.

The tenor of the above paragraph may be misconstrued as a coarse, ill-humored criticism of doctors or the profession. I regret that I cannot write the reverse and tell the truth. I am sorry indeed that the profession has the drug-habit. I started in the same way and I had the same despicable habit of drugging because the patient expected me to, or, if I did not, someone else would and I should lose a client and give another physician that much advantage over me. To-day I am delighted to send all those who wish drugs to my drug-doping friends. I don't want patients with mental calibers in keeping with that style of practice. My mental home is in a different stratum!

When I allude to physicians, or make such statements as, "That is as far as most drug-physicians are capable of discriminating," etc., I do not mean that they are incapable of discriminating if conditions were favorable; what I really mean is that when the symptoms of any disease are mixed with drug-symptoms, and when any disease is modified by drug-action, no physician, I do not care who he is nor where he is nor what his titles are to *air castles* in the professional

skies, *knows anything about the disease*. Neither can he make a prognosis that will be any better than a layman's guess. This being so true that I defy successful refutation, isn't it time for big minds, broad minds and capable minds to throw overboard the silly, childish (ne)science that positively inhibits the discrimination that is so necessary to render experience valuable and progressive?

"If the disease resists the action of quinine for one week it is usually typhoid!" Glorious certainty! "Quinine is innocent, it can't do any harm!" How a professional man can be miseducated, and his mind steeled against the auto-suggestive influences of his own common sense and reason, to the extent that a lifetime of opposing experiences cannot overcome his artificial education is more than I can understand! All physicians know the disagreeable effect of one dose of quinine and, if one dose produces disagreeable feelings in a man of good health or in light attacks of ordinary diseases what must the influences be when the drug is given day after day for a week in diseases that are developing sepsis? I know from personal experience how very nerve-racking quinine is to persons suffering from a light sickness—like a masked intermittent, or a light form of remittent, fever. If the drug can produce disagreeable symptoms, such as are known to the profession as cinchonism and de-

scribed as follows: Ringing in the ears, deafness, headache, giddiness, dimness of sight, and a weakened heart action in light forms of disease where the resistance is not greatly impaired, what must be the consequences when this drug is given to a patient coming down with typhoid fever—a disease that should rank with nervous diseases, for headache, mental torpor, muttering, or active delirium, subsultus tendinum, stupor and coma are among some of the most pronounced symptoms?

After experimenting with drugs until drug-symptoms are developed, who can say that this symptom is characteristic of typhoid and that symptom is due to some other disease? He who will make the distinction is more zealous than wise, for drug-action modifies symptoms of disease. After a case has been medicated for a few days the physician must be prescribing for symptoms of his own making, and the longer this lasts the more obscure and uncertain the disease becomes. Is there a physician on earth wise enough to unravel such a riddle?

The reason the text-books are such a jumble of statements and counter-statements, declarations and counter-declarations, guesses and counter-guesses, is because there is not a writer of a text-book on earth of whom I have heard who really *knows anything about the normal, uncomplicated symptoms of any disease.*

Is this statement the egotistical braying of

an ass? If what I say could not be proven, it would be that and more. I do not say it because I like to see it written, hear it uttered, or take joy in believing it. It is too serious a truth to undertake to inhibit its influence by attributing sinister motives to me in its utterance. I sincerely wish I could think the opposite of the above statement true. If the statement is really brutal I do not mean it should be. I do not mean to convey the impression that the authors of these books are not just as honest, honorable and sincere as any class of people on earth. I have no doubt that they are all refined gentlemen, but a gentleman does not necessarily know a certain truth and he may often be mistaken.

How is a writer to know anything about something he has never studied? How is a writer to describe a disease he has never seen? Until a text-book writer has seen all the diseases he describes treated *without drugs*, how is he to describe what their symptoms are? I repeat—I know of no writer who knows anything about the description of disease other than disease masked, complicated and distorted by drug-influence; hence the description given is of an artificial type nowhere to be found except under drug-influence.

I asked above: Who can tell what symptoms are of disease and what are of drugs, when drug-symptoms are mixed with the symptoms of disease? Is there a clinician on earth who can tell

anything positively about a disease if he has been called to see it in consultation with a doctor who has been in attendance for one week and giving drugs day and night and whose treatment has been ably seconded by a splendid nurse? If there is anyone who believes there is such a god among men his credulity is equaled only by his ignorance. No, indeed! After a drug-doctor has himself and his nurse well warmed up to any given case, from that time on to the finish, that doctor does not know any more about what is going on or what the side issues are going to be or how the case will end than any other doctor, who has not seen the case. Of course, if you ask almost any doctor if this is true, he will probably say it is not, and he may be honest in his statements for professional blindness is logically consistent. Physicians get into a routine. They treat cases presenting certain appearances in a stereotyped manner, and the symptoms of those cases that move along in the customary manner can be anticipated to a certain extent. Under given circumstances a drug or food complication will work out about the same. If the doctor is asked concerning his case he will also answer in a stereotyped manner. For example: "Doctor, what do you think of John's case?" The doctor answers, "John is a very sick boy, very sick indeed!" The anxious father follows his first question with, "Well, doctor, what do you think of John's chances for re-

covery?" The doctor gives the very wise and assuring answer: "Barring complications, he stands a very good chance of recovering." The father is satisfied; he thinks he has been told something. He really can't see how it is possible for a man to become so wise as this physician. His doctor can actually see *clear through* that whole mystery of John's disease and see that John will get well if there are no complications springing up. What a godsend it is to the medical profession that laymen do not know of the uncertainty of professional knowledge and treatment.

If that father had known that the doctor, in whom he placed such confidence, really did not know whether his son would get well or not and that the answer he gave him was an evasion and a subterfuge, he would have been very unhappy. The doctor did not know for, if he had known, he would have said, "Yes, your son will get well if he and all who are attending him are prudent and follow instructions."

If John is liable to have a complication, his doctor should know it and see that it does not show up. It is within the power of any doctor to say to all suffering from acute diseases, "Yes, you are going to get well and you are not going to have a complication unless you deserve it by breaking rules." This is what doctors are going to say and do when they quit masking the

diseases they treat with drugs so that they can't tell anything about the progress of the disease, or whether they are treating drug-symptoms or symptoms coming from disease or a modification of both.

To both physicians and intelligent laymen, the statements I make may appear egotistical, unwarranted and even *bombastic*, but I have no desire to be understood that way, much less desire to earn such distinction. I would a thousand times rather earn the respect of the profession than its disrespect but, if I must pay the price asked, namely, believe as it believes and teach as it teaches, I would rather stand alone and believe myself right than to have the world's friendship and outrage my own conscience.

I never intend to compromise in any of my writings on the subjects pertaining to my profession and, if the truth, as I see it, is so offensive that the profession will not read what I write, I can spend my time educating the laymen who, in turn, will demand better professional services than the orthodox profession can give and this demand will be respected in time. *Drugs must go, and they are going.*

There is nowhere in nature such a disease as text-book typhoid fever. The confusion seen in comparing text-books is due to location, individual peculiarity, and the variation in medication and nursing.

It is absurd to contend that germs are the cause of disease, for, if they really caused the disease, it would be specific, irresistible and always identical.

Musser says that typhoid fever resembles or really amounts to a symptom-complex, which attends a septic process and local intestinal ulceration. I say that it is absolutely impossible to evolve such a symptom-complex without complicating an ordinary bodily derangement with drugs, feeding and much senseless nursing.

Caillé in his *Differential Diagnosis* says: "The diagnosis is based on the clinical symptoms, the peculiar temperature curve, the presence of rose spots, the positive Widal reaction, the absence of leucocytosis, the positive diazo reaction, and the failure of the blood test and therapeutic test for malarial infections." Then he says: "In a certain number of cases the Widal test remains negative." It is a serum and bacteria test, no one of which has yet been settled. The same author says the chief symptoms are protracted fever, diarrhea, tympanitis, wasting, headache, insomnia, delirium, anorexia, prostration and mental apathy. The disease is self-limited and death occurs from asthenia, visceral complications, hemorrhage, or perforation, followed by peritonitis. This author says in regard to germs: "The specific germ is not the only pathogenic factor, as it has been proved that in the later stages of the

disease other micro-organisms play an important part, not only in determining the extent and character of the bowel lesions, but also in the production of general toxic infection."

While he was on the germ subject this author could have gone on and told us truthfully that many cases are so broken down from this disease that the bacillus of tuberculosis infects the lungs and the victim eventually dies of lung trouble, and others develop so much septic poisoning which of course means germ poisoning (staphylococcus is the name of the germ), that cases have been known to be so generally infected and the blood so deteriorated that phlebitis would set in, affecting the lower extremities to such a great extent that a leg would have to be amputated. Such results are brought about by the most refined, professional malpractice; besides, there are thousands left with ruined health, in addition to those who die every year.

Is it necessary for any one to go on and suffer the dreadful symptoms named above? No! No more necessary than for these same people to commit suicide—no more necessary or excusable for the profession to cause all this unnecessary suffering than for the same profession to plan deliberate murder.

The above authority declares that the absence of leucocytosis is diagnostic; Dr. Osler, than whom the profession has no higher authority, says:

“There is sometimes very marked anæmia without leucocytosis.” Sometimes we have distinctions without differences.

Osler says that “Typhoid fever is no more primarily an intestinal than is smallpox primarily a cutaneous disease.” This is a fearfully hot shot; it won’t do to say that Osler is mistaken, for he has been acknowledged a leader too many years; hence this declaration is accepted as a part-truth, and we are given three types of typhoid fever. The squirming and compromising required by the advocates of a fallacious theory are amusing when not disgusting. The germ theory is so weak on its pins that it wobbles and it may be that the wobbling is a blessing in disguise for it, since thereby it can accommodate itself better to its shortcomings. Osler says the fever does not originate primarily in the intestines; many say that there is spontaneous generation; and then there are others who say the specific germ can and does inhabit the intestines of normal people.

It would not be a very great labor to look up many more authorities, all of whom stand well, but what is the use? It would be a tedious repetition for they are all alike in being unlike, except in the one declaration that it is a germ disease; then they proceed to set up all kinds of evidence to sustain their views, but, if critically examined by one who knows the value of evidence, it will be found that none of their contentions are proven.

If the reader has noticed, he will find that I never attempt to prove any of the established theories *wrong* except by established and recognized authority, and most of the time I do not need any evidence, to prove that a given authority is in error, except that which he furnishes me himself. It is a law of reasoning that a false doctrine bears witness against itself.

The three types of typhoid fever that are advanced by the leaders of the profession, as a compromising measure to prevent a splitting apart of the powers that be, are: "1, Typhoid fever with intestinal lesions. 2, Typhoid fever with general infection, or typhoid septicemia. 3, Typhoid fever with more intense infection of other organs than of the intestines. The lungs, the spleen, the kidneys, and the cerebro-spinal meninges are the structures usually involved, so that we may have a typhoid type of pneumonia, nephritis, splenitis, and such as cerebral, or cerebro-spinal typhoid. Varieties are also based upon the severity of the disease; hence we have the "abortive, grave and ambulatory forms."—Musser.

In all forms of acute fevers the destruction of tissue that takes place on account of continued high temperature, and the obstructed and suspended functioning of the different organs of the body fills the system more and more with decomposing material and the longer this unexpelled waste is retained the more degenerated it be-

comes, until it reaches that stage known to all physicians as sepsis. From this stage on the patient goes down rapidly, first one organ and then another becoming involved, and death closes the trouble very soon. -

If the symptoms at the start point to pneumonia and in a few days the tongue becomes pointed and red, the redness growing darker, the pulse and temperature staying up and the mind showing a tendency to wander, at first more like a talking in the sleep, sepsis is setting in, and very grave symptoms will soon develop; unless the proper treatment is instituted at this point, if not before, the prognosis is unfavorable.

If I were allowed to rearrange nosology I should banish the word typhoid or make it synonymous with cryptogenetic septicemia, for unless there is septic poisoning *none of the important characteristic symptoms of typhoid fever are present or can be present.*

If this could be settled as a positive fact, we should get rid of all this nonsense of differential diagnosis. There is a world of unnecessary speculation on the borderline between health and enough disease to start a sepsis.

Take puerperal fever, puerperal peritonitis, or puerperal septicemia. So long as this disease was thought to be a specific entity and auto- or crypto-genetic, doctors were not in a position to handle it, but the moment it dawned upon the pro-

fession that puerperal septicemia was a disease of carelessness, ignorance and filth that could come at any time when there was enough ignorance, filth and malpractice indulged in, the doctors found that they could prevent it, and they also learned that if they did not prevent it they were guilty of malpractice of the most inexcusable sort.

How long did it take for the truth of what causes puerperal fever to dawn upon the slow moving professional mind? How much contumely the author of the truth suffered at the hands of the entire profession because of his discovery can be better understood if I permit him to speak for himself: "I am too much in earnest for either humility or vanity, but I do entreat those who hold the keys of life and death to listen to me also for this once, I ask no personal favor, but I beg to be heard in behalf of the women whose lives are at stake, until some stronger voice shall plead for them." Again he writes: "When, by permission of Providence, I held up to the professional public the damnable facts connected with the conveyance of poison from one young mother's chamber to another's—for doing which humble office I desire to be thankful that I have lived, though nothing else should ever come to my life—I had to bear the sneers of those whose position I had assailed, and, as I believe, have at last demolished, so that nothing but the ghosts of dead women stir among the ruins." The man

who gave utterance to this inspiration was no other than the late Dr. Oliver Wendell Holmes, one of the brightest minds that Boston, the city world-famed as the habitat of bright minds, has ever produced.

Dr. Holmes wrote the article that brought this criticism upon him in 1843, nearly twenty-five years before Joseph Lister, (Lord Lister, professor of surgery in the University of Glasgow), came out with his famous article "On the Antiseptic Principles of the Practice of Surgery," of which there isn't anything left except what Holmes advocated, namely: cleanliness. The drug part is practically dead, but of course still used by the rearguard of the profession, much to the detriment of the patient.

But Dr. Holmes was fifty years ahead of his time and a hundred years ahead of the rank and file of the profession.

There is not a first-class doctor in the world today who will not agree with me in regard to what I have said about puerperal septicemia, notwithstanding Dr. Holmes was abused for twenty-five years by the whole profession because of his advocacy of this now commonplace truth. And the only reason he will not agree with me when I say that typhoid fever should be named auto-septicemia, auto-toxemia, or cryptogenetic septicemia, or any name that will best suit septic poisoning generated within the body, is because he

does not know that the disease is due to professional ignorance, as Dr. Holmes found puerperal fever to be, and that, if it were not for the malpractice of feeding and drugging, there *would be no typhoid fever*. The disease is due to putrefactive poisoning and suspension of metabolism in a subject who is suffering from long continued crowding of nutrition, and who has lost vital resistance by indulging in numerous causes for vital exhaustion.

It is known, or should be known by all, that when the processes of anabolism and katabolism, or assimilation and disassimilation, are equally poised, health is assured; but a disarrangement of these processes for any time brings ill feelings, and if these ill feelings are not understood and given the proper attention, there is absorption of food pabulum without systemic power to take care of it physiologically, that is, to use it in building tissue; hence breaking down must take place and it does take place, both in the circulation and in the stomach and bowels; and this breaking down at first is nothing more nor less than putrefaction—the generation of toxic poison—which poison secondly sets up septic poisoning of the blood. The only difference between these two poisons is that of degree; the latter is more deadly because of having been longer deprived of oxygen.

It is no more necessary for sepsis to develop

in these cases than it is necessary for sepsis to develop in the puerperal state, and a physician who permits a patient, who is beginning to lag and fall behind in metabolic power and whose functioning of all the organs is running low thus poisoning his system with retained by-products, to take on sepsis should be recognized as a criminally slothful, professional man. I presume, however, it all depends upon the point of view. To me the text-book jumble is nonsensical. All this talk about typhoid fever and its cause is certainly useless when I know the cause to be inexcusable professional malpractice—when I know that there is just as much excuse for puerperal septicemia as for typhoid fever or auto-septicemia to develop, for it always means that in whatever disease the patient has taken on septic poisoning, he has been forced to do so by malpractice.

The profession is about as successful in establishing the fact that typhoid fever is caused by a bacillus as it has been in proving that other diseases are caused by germs.

If the profession were not so anxious to believe the germ theory of disease, it already has proof enough to convince it to the contrary, but it is hard to convince the mind against its will and when it is, it is of the same opinion still.

Why is it so hard to convince the profession that germs do not cause disease? One reason, it appears to me, is that the theory is simple and

satisfies a human weakness for formula. If germs cause disease all that is necessary to a cure is to kill the germ. As a theory and practice it is so simple that a child may run and read. Another reason, it appears to me, is that the germ theory relieves the people of any personal responsibility. If they are sick, they are sick and deserving the sympathy of the community, and, if doctors and their families are sicker than any other class of people on earth, it can be explained satisfactorily: The doctors are compelled to mix with all sorts of germs and of course they necessarily carry them home and their families suffer because of it, and of course the doctor has public sympathy for his martyrdom. Then again the doctors can be excused if they smoke tobacco all the time, for smoking puts the germs to flight, and they are compelled to eat more than any other class of people because the germs must be fed or they will eat the doctor, boots and all. Hence the doctor can be excused if he ignores every health law on earth and evolves into the embodiment of sensuality, *for he is compelled to live that way to protect himself from the germs.* Humanity clings to any theory or doctrine that removes personal responsibility.

Man is not responsible for the parents he has, nor the environment in which he is born and in which he lives until he has had enough experience to understand his limitations; after that he owes

it to himself to get out from under any and all influences that are not agreeable and to his best interests. Please understand, I say he owes this effort to unload any handicap he may suffer to himself, not to some one else or some far away deity. If he does not make an effort to better himself when he knows the need, then he damns himself—he is the author of his own damnation.

The man born into the world who never finds that he can better himself is blessed already, for where ignorance is bliss, etc.

The man who is born into the world and wakes up to the fact that he is handicapped and who, instead of believing that he has the power to better himself by his own efforts, clings to the illogical philosophy that the world owes him a living and it (the world) must look out for him, is the worst damned of all the self-cursed people on earth. If the world owed us a living or anything beyond what it has given to us, it would have been settled upon us before or at our birth.

The time will soon come when the germ theory will be looked upon as a wild, fantastic day-dream of a people who could have known better, but who preferred to romance with a speculative philosophy rather than get down to business and evolve a positive, scientific healing system agreeable to the laws of nature.

If germs cause typhoid fever, why is it that in thirty-five years I have reduced the length of

time it required to control the fever from six weeks to two weeks, and in light attacks to seven or eight days?

Why is it that when those suffering an attack are properly treated there is a complete absence of all the dreadful, fear-inspiring symptoms usually attributed to the disease by all the text-books and best authorities on the subject? Don't hide behind the subterfuge that I am mistaken in my diagnosis, that I don't know a case when I see it, etc. It must not be forgotten that I served an apprenticeship in this profession of mine, and I was as successful as most doctors in helping nature to evolve as typical types of typhoid as the most exacting clinicians require. Well do I remember the horrors of delirium, the picking at bedclothes, the wanderings and mutterings, the dreadful tympanitis with those *characteristic* bowel discharges, dry, cracked and bleeding tongue, sordes on lips and teeth and finally hemorrhage and death. How can I forget such a picture, especially when *I made it*. I said above that I *helped* nature, but that is an incongruous attempt at facetiousness; for the fact is that nature could not build such a dreadful picture without being *frustrated* in all her efforts at idealization by the fiends of vandalism working through licensed ignorance.

No! There is not a disease in the world that will evolve the features attributed to this one by

the text-books, unless the text-book treatment be applied. Typhoid fever as described by all authors requires the nursing and medicating recommended by those authors if it is to evolve a type agreeable to their description; therefore if I give a description of typhoid fever as it appears under my treatment it will fall so far short of the text-book description that it will be declared by those who know no better that my case was not typhoid. This declaration is true, and it is not true. It is true in that the case I describe was deprived of the complicating treatment which I once gave to such cases, and which is advocated and pronounced correct today, and which is necessary for developing a true text-book type; hence my case was not typhoid because it was deprived of the elements necessary to complete it, namely: food, drugs and the depressing suggestions always accompanying such treatment.

It is not true that my case was not typhoid or the nucleus or egg, so to speak, of typhoid. I presume it is always incorrect to call an egg a chicken, nevertheless the only difference in reality is that the egg requires a hen to set on it for a few weeks—the typhoid nucleus requires text-book germination to be typical; it requires a doctor and a nurse to set on the egg for a few weeks to fit it to text-book descriptions. This we refuse to give, hence our cases never hatch and are never typhoid fever.

No one will have typhoid fever without a few days of warning; sometimes there will be a week or two of not feeling well; headache, backache, aches of all kinds; feelings of discomfort not explainable; mental depression; bad taste in the mouth of a morning; tongue more or less coated; a feeling of irritability and disinterestedness; appetite variable, sometimes a relish for food and again no relish; most of the time more of an indifference than desire to eat.

The real cause of typhoid fever is putrefaction taking place in the stomach and bowels of a subject who has lost his resistance. This lost resistance may be brought about by anything and everything that saps nerve energy. When the general resistance—normal tone—of the body is impaired, it becomes the victim of all unwholesome influences and it is only a question of time when complete disability from either acute or chronic disease will force a general settlement.

There is a class of people prone to be attacked by pneumonia, typhoid fever, rheumatism, appendicitis, kidney and other diseases. They are people of full habit of body; they weigh too much; their skins are muddy; the eyes are a dingy yellow instead of being white; they are troubled with coated tongue and bad breath; headaches, constipation alternating with diarrhea, or a rather free condition of the bowels. They have *bilious spells*, and sharp, short attacks of ptomaine pois-

oning, coming as frequently from auto-generated putrefaction as from taking food that has taken on this change before it is eaten.

These subjects have great resistance and, if it were not for the fact that they are loaded to the guards, so to speak, with the by-products of an imperfect digestion, and an imperfect digestion due solely to crowding—oversupply—they would have excellent health; but being plethoric and having the blood charged with acids, gases and much unoxidized material, they complain a great deal; if they are sedentary in their habits they may take on a general condition of despondency, at times strongly melancholic; those more active, living in the open and exercising a great deal, will be more optimistic; aside from catarrh and frequent bilious spells, they pass for very healthy people.

These are the people who are forced into typhoid fever, appendicitis, pneumonia, etc., when the atmospheric conditions are favorable, because they are usually at the saturation point—that is, they are carrying all the poison that their resistance can stand. Their immunization has all it can do to prevent a systemic putrefaction from taking place at almost any time. If they unwittingly make a food combination that causes constipation or diarrhea and the former causes impaction, and this filling up lasts for some time, creating irritation, then, following the irritation,

comes a slight inflammation, and if drugs to force the bowels are given, aggravating the condition, we have a not unusual combining of disease elements—we have everything ready for an attack of appendicitis. All that is necessary is a cold; a local or general atmospheric condition favoring putrefaction; an extra large meal; an unusual food mixture; an extra tax from dissipation; over-indulgence in any way to tax the system beyond the usual demand will start up an extra fermentation. The force of the disease may be spent locally, in the bowels, developing an abscess in the location of the appendix, which is called appendicitis; the bowel irritation may extend over more surface, and the intestinal putrefaction may be great enough to start a systemic infection that changes soon, unless rigorously opposed, to septic fever, which is commonly called typhoid fever.

Impaired nutrition is always an accompaniment to lost resistance; those who have typhoid are usually preparing for it months before. They have been overtaxing themselves by taking into their systems too much proteid and starch-bearing foods; as a consequence of this overstimulation, there is impaired capillary circulation, overworked heart; retention of products that should be carried out of the body by the kidneys and bowels and a gradual systemic poisoning. What wrong life fails to accomplish, a month or two of hot weather finishes. The victim continues to eat

heating foods and the warm weather adds its depressing influence, so that July finds many coming down with fever and August brings more.

If the above is a true statement and the sickness certainly does come about in this way, what is the use of talking about germs? There is no question in my mind, and there should not be in the mind of any experienced physician, that the disease is one of slow auto-toxic infection, and, if the change is accompanied with germs, which I do not deny, this fact should not change our reasoning. There has been a slow poisoning going on in the bowels for weeks and, in some subjects for months. As germs always change according to the environment, it isn't strange that the germs peculiar to the bowels where this infection is taking place should change from an innocent to a toxic state. Why not? If these germs are really the cause, why do they fail to accomplish their work when I can induce the patient to stop eating until nature has a chance to clean house?

The desperate symptoms that I have referred to are taken from the best authorities, but I am happy to say that there is no need of any case being forced into such a state.

Four weeks are given as the time to expect a change, yet six, eight, and even ten weeks may be the duration of a severe case.

Thirty-five years ago I managed to keep people down from four to six weeks if they had power

to live that long, but after ten to fifteen years' practice I cut the time to three weeks for the maximum cases and felt quite proud of my accomplishment.

To-day two weeks is as long as the worst type can last. I find cases occasionally that have been treated and complicated to such a degree that it requires weeks to lead them back to health; these cases, however, are those that have been passed upon as hopeless and, without doubt, would have ended in death if they had been continued under the plan that brought them to such a low state.

Bronchitis, pneumonia, arthritis, periostitis, and all complications of that nature are positively unnecessary. They brand a system of practice that grows such complications as criminal, and an age that will uphold and tolerate such abuse to the sick as inexcusably ignorant, bigoted and dominated by superstition.

The mortality is given at ten per cent., which is a fearful rate to contemplate when it should be known that the disease is harmless if treated properly. But a ten per cent. mortality does not begin to tell the truth about the loss sustained in general practice.

Epidemics of typhoid are usually traced to the milk or water supply. The reports are always made by interested people,—those who are prejudiced in favor of the germ theory and it is always

such an easy matter to find what we are looking for.

There is but one way to settle all such questions, and that is to have the representatives of both opinions examine into the evidence and make a joint report. We have not arrived at the point in our civilization where we can leave the settlement of questions of evidence to the decision of those interested. Where in all the world, except in medicine and religion, are questions of vital interest to humanity settled without judge or jury, and without a willingness to even concede that there may possibly be another side to the question?

Why is typhoid rare in infancy and old age? Because infants have such a low resistance that they are made sick easily, before the blood can become much deranged; hence their sicknesses are short and sharp. The poison is quickly burned out. A peculiarity of children is the ease with which they vomit. I recognize this as a sort of safety valve, as it were. They can abuse their digestions only just about so far and then the stomach turns, and not only empties itself but stays empty by refusing to take food. This we call gastric fever and the attacks last from three or four days to a week. These attacks prevent children from accumulating material for longer and more severe diseases.

The old do not have typhoid because they

have arrived at an age of moderation; they, like the infants, have not much resistance and are called upon to settle accounts with nature before they run a very large bill.

Who are predisposed to typhoid? Heavy eaters; those who eat heartily three times a day and are indifferent to the action of their bowels. There is a great difference in the meaning of regular bowels. The bowels may move every day, yet unsatisfactorily. There may be a fulness to the extent of bordering close on to obstruction. These subjects are dangerously near appendicitis, colitis, impaction and obstruction. They have more or less blood derangement all the time. Nature may make an effort at elimination in various ways; at one time a crop of boils may be the manner selected. This trouble may show itself at any time in the year, but the usual time is spring or early summer. If the winter months find the individual with so much accumulation that nature must unload, it may be by way of an attack of pneumonia; and, if the individual has a predisposition to tuberculosis and his environment at the close of this fever is favorable, the attack of pneumonia may be the beginning of pulmonary tuberculosis. Possibly a nephritis (inflammation of the kidneys) will be the manner sought for an unloading of the surplus; then, if the environment is favorable, Bright's disease will become established. A severe general catarrhal state may be

established and the eliminating of the surplus may be going on all the time from the nose and the other mucous membranes of the body.

The hot months are often the time selected for house cleaning. This is the time of the year when putrefaction takes place more readily than at other times; this is true for the inside of the body as well as for the outside, hence there is more bowel trouble in the summer than in the winter. The basic principle of a diarrhea or any bowel trouble, including appendicitis and typhoid fever, is decomposition and putrefaction, due to the food that has taken on this change before or after having been eaten. When putrefaction is taken into the body and it finds the body fortified with great enough resistance to disarm it, as it were, its toxicity is rendered impotent and no harm comes from eating it. If the resistance is not great enough to overcome the poison entirely, there will be a poisoning of a short or long duration in keeping with the resistance, manifesting possibly as a diarrhea which will spend its force in two or three days; or the resistance may be so low that the system does not rally quickly and instead of resting the body from work and the stomach from food, both will be carried on for a time which serve to further derange the stomach and bowels and increase the systemic poisoning, for there is already decomposition and every particle of food taken adds to the trouble,

as it takes on the retrograde fermentation rather than the constructive. After this has been running on for a time, the patient feeling worse each day, a physician is called who suspects typhoid fever and he medicates and feeds accordingly and his suspicion is soon confirmed; for in a week he knows his patient has typhoid and the patient knows it also. If no food had been taken when this attack of poisoning showed itself, until every symptom had cleared away and all disagreeable feelings had changed to good ones, there would not have been and could not have been a typhoid fever.

People who know as much as they should know will stop eating as soon as these symptoms begin to manifest and they will abstain from food until such symptoms are all gone. During the fast as much water as is desired can be taken; if there is a real desire for lemon juice as much can be taken as necessary to satisfy the demand. The way to know if there is a real desire is to take the juice in water without sugar and if it is received by the mouth and stomach with a relish it will be safe to take it until the relish for it is lost. The juice of half a lemon every three hours is about as much and as often as it should be taken.

When all bad feelings are gone, eating can be resumed, but care should be exercised not to overeat to start with; eat very lightly the first day and,

if all goes well, eat a little more the next day, gradually increasing until the usual amount is taken. If there is a return of the old symptoms, eating should be stopped at once and not resumed until normal feelings are attained. If these instructions are faithfully followed there will be no development of typhoid fever, either the walking or the prostrate type.

All walking types of typhoid are kept alive by feeding—taking food when feeling badly and not having any special desire.

If ptomaine poisoning is experienced by a person whose resistance is very low and food and medicine are indulged in to the extent of holding the patient down, septic fever or typhoid fever may be expected.

When resistance is lost, and the functions of the body are running low, the secretions are reduced in their power for defense. Then, if food is taken in spite of no desire or because of an artificial appetite brought about by stimulants or tonics, we may look for putrefaction to take place in the ingested food, and if this is continued for a week or two the legitimate outcome will be typhoid fever.

Anything that uses up nerve force will bring about a state of lost resistance; and if that state is brought on about the time when the hot weather and atmospheric conditions favor decomposition in everything susceptible to such a change, these

changes further depress the vital force, and put all such subjects in line for auto-poisoning. When people are in this state, they feel languid and tired, they have headaches, a bad taste in the mouth, no appetite, or an irregular, capricious appetite, their bones ache, and their bowels are sluggish. The eating as a rule is more from habit than from desire and, as time runs on, the symptoms increase gradually until a physician is consulted. He finds the above symptoms and, in addition, coated tongue, it may be little and it may be much; the tongue may be showing a little redness around the edges and if it does there may be what can be described as a long, pointed tongue; this tongue shows irritation of nerve centres and, if the disease is pushed by malpractice into sepsis or typhoid fever, it will be a cerebral type—decidedly nervous, with head symptoms. To prevent these symptoms developing into typhoid fever, such a patient should have all food proscribed, should rest as much as possible and avoid excitement until well.

Young people who are living wrong, exhausting their vital force in every way, staying out nights, undermining resistance by a sensuous imagination and self-abuse, will be the first to take down with auto-poisoning when the atmospheric conditions are favorable.

Young married people and middle-aged people who give way to sensualism—who live to eat

and gratify sense—will find themselves in line for auto-poisoning after a winter of heavy eating and perhaps a round of the usual pleasures peculiar to the season, followed by a spring-time of continued abuse, in the line of crowding the nutrition with too much heat-producing as well as tissue-making foods; and a continued drain on the nervous forces sexually will, with the hot weather, lay on the last straw.

There is a greater mortality among those who go into this disease sexually exhausted than among any other class.



CHAPTER VI.

Symptoms: The symptoms of this disease vary a great deal, and especially do they vary under different forms of treatment.

First there is a period of incubation lasting from one to three weeks. The patient has a tired feeling, feels indisposed to work, has various aches and pains and he does not relish his food.

What is called the disease proper sets in with a chill, generally not severe. The temperature rises, going a little higher each day. The pulse at first is generally full and strong. The tongue has a foul, moist coat, but after a few days of fever the tendency is to dryness. At the beginning of the attack the bowels are generally constipated, although there may be diarrhea.

The patient becomes more dull and listless each day; the face becomes expressionless, and delirium sets in. The breath is bad and the teeth and tongue are coated. There are signs of bronchitis and sometimes hypostatic pneumonia. The signs of systemic poisoning are much in evidence. The pulse becomes weak and frequent, showing that the heart power is impaired. A peculiar eruption appears upon the abdomen and chest, called rose spots.

The abdomen is generally distended after the first or second week, and a peculiar diarrhea, characterized by thin, yellowish discharges, is common. The urine becomes dark and scanty.

Improvement is expected the fourth week. The symptoms clear up and there is a gradual return to normal. The patient is emaciated and very hungry. However, the fever sometimes runs on for six, eight or even twelve weeks.

The above is a running statement of the leading text-book symptoms which I can verify, for I have helped to build them, but they are not necessary if the disease is properly treated from the first. To produce these symptoms the patient must be medicated and fed.

If the cause were a specific entity, as our germ advocates would have us believe, the symptoms of one patient suffering from a disease would be exactly like the symptoms of another patient suffering from the same disease.

Anything that lowers the vital resistance may be looked upon as a remote cause of any disease. After the resistance is broken down the kind of disease that the individual will develop, will depend entirely upon the prevailing influence. If the time of the year is summer and vegetation has reached its climax of growth and is beginning to decay, the earth that is hidden from the sun—lawns, basements of houses, groves and other protected grounds—is molding and decomposition is

taking place here, there and everywhere, more or less, depending upon the fruitfulness of the country and the intelligence and cleanliness of the people; when all this influence of decomposition has been menacing human health and life for several weeks, forcing every one to expend nerve force in resisting the depressing influence of the heat and the poisonous effect of the atmosphere, there will be a certain percentage of the people in every community who are unable to put up the fight, so to speak, for they lack the resistance and hence they go down. As a rule they will not go down suddenly; they begin to feel bad and lose their appetites for which they frequently take a stimulant, or go to a doctor for a tonic which will force a desire for food, not knowing that the loss of appetite is nature's plan of cure. Perhaps they succeed in coaxing an appetite for a few days, but good feelings do not return, *in spite of the forced eating*, in fact, every day finds the symptoms of heaviness or laziness increasing, the taste in the mouth growing worse, the bowels constipated, or, if successful in forcing the appetite to take enough food and of a character to be sufficiently incompatible to turn loose in the stomach and bowels a lot of acid fermentation, there may be diarrhea.

There is general weakness, more or less headache, and of course a mental sluggishness. If there is cough it will usually be due to nervous reflexes from stomach irritation. Some authors

say the cough is from bronchitis, but this is a mistake; of course we can have typhoid pneumonia, but this is a very different disease and starts differently; it invariably starts more suddenly, always with a chill and a higher temperature.

Typhoid fever is primarily of the stomach and bowels, secondarily of the stomach and bowels, tertiarily of the stomach and bowels—it is first, last and all the time a disease of the stomach and bowels. It is true that sepsis of the blood is characteristic of the text-book disease, but it is sequential to the primary and principal disease of the bowels, plus bad nursing and worse treatment; Dr. Osler to the contrary notwithstanding. He says: “Typhoid fever is no more primarily intestinal than is smallpox primarily a cutaneous disease,” and before I get through I hope to give some evidence of the truth of what *I know* about this disease.

It is impossible for this disease to make its initiatory approach in the same way and with the same symptoms, for all people are different and communities differ and the atmospheric state varies, as it will and must, from a sparsely settled community to a densely populated city. The water must vary from a community with good, potable water to one supplied by surface wells and wells that are receiving drainage from barn-yards, cess-pools, privy vaults and other sources of decom-

position. There must be a difference in the influence of the low and high altitudes, and from the East, West, North and South; and on account of the vast extent of this country there are local differences at intermediate points.

The starting of the disease at New Orleans must be different from the starting at Chicago, and New York must differ from Denver.

There may be a local and special influence, such as especially bad water, and the disease may start with vomiting and diarrhea. The start may be sudden as it must be when the decomposition is suddenly turned loose on a community. But when there is nothing irregular and the seasons are coming and blending into each other in their accustomed manner and there is a gradual developing of the decomposition as I described above, those coming down in a very hot section of the country, where there is the so-called malarial influence, will have headache and more or less flushing of the face and neck, also fever. The fever may not go above 102° F. the first week, yet in the same community there may be cases that will have a temperature of 105° F. before the first week of fever has passed, with bleeding at the nose; and, if medicated with quinine, an active delirium will start in early and last for weeks.

In cooler sections of the country the onset of the disease will be slow, nothing decidedly marked; after feeling ill in an undefinable manner

for a week the symptoms may pass off, entirely or almost entirely, and leave the subject feeling all right, but in two, three or four weeks the same symptoms will return and be more persistent; the patient is languid, tires easily, has headache and backache, at times pain of a shooting character in the bowels, at times like a cramp, and sleeps poorly; there may be a little diarrhea and there may be sluggishness of the bowels, and as stated above, a cough from stomach irritation, and the nose may bleed. All these symptoms may be modified somewhat, and many not mentioned, added by medication. The drug habit is so universal it is almost impossible to see many cases of disease, even in their primary or initiatory stages, that have not been more or less distorted by drug-symptoms. It is almost impossible to know what the exact bowel and stomach symptoms are, for drugs are usually taken to move the bowels. If those coming down with disease have not distorted the symptoms of their disease, the physician whom they call soon will. For proof of which statement I refer you to the first few pages on treatment, where the procedure of some of our eminent physicians is very briefly given.

CHAPTER VII.

Personal Prophylaxis: "It is an ill wind that blows no one good." This adage is certainly applicable to the germ theory. If the germ theory and practice is destined to ultimate extinction as a therapeutic measure, the good that it has brought to humanity, by way of educating the profession into knowing of the great merits of cleanliness, more than pays for all the trouble, disappointment, disease and death, caused by its use under the mistaken idea of relief and cure.

When Lord Lister introduced his antiseptic surgical dressing back in 1867, the profession received it with great confidence and thankfulness. With confidence, because the doctor had a great reputation; and with thankfulness, because up to that time the dressing of wounds was fraught with much uncertainty—the uncertainty that must always be felt in having to do with a condition the elements of which are not all known.

The Lister dressing was a very complicated affair, requiring much skill and great cleanliness. The surgeons who adopted his method experienced so much satisfaction in the treatment of wounds that the antiseptic dressing became established at once. Surgeons were not long in discovering that,

if they had undesirable results, it was because of either carelessness or lack of skill in carrying out the plan in detail. The unusual success following operations in which the Lister dressing was used was attributed to the germ-proof dressing and to the antiseptic vapor which was made to envelop the entire field of operation during every moment of the time occupied by the surgeon in operating and dressing the wound.

Little by little the truth came to light out of the Lister antiseptic dressings and vapor, and that truth is *cleanliness*. Ten years after I began with the Lister dressing I came out into the pure, clear air of cleanliness. I found that, if I exercised the same *exactness* and cleanliness, I could leave out all antiseptic drugs and my cases improved as well and as surely. I found more: I found that my patients were better because they were not compelled to breathe and absorb the drugs. Truth comes slowly but it will keep coming if one will keep coaxing.

According to text-books, dairies, wells and water supplies generally must be inspected, for typhoid fever comes from contaminated water and milk. I would not remove this belief if I could for, if doctors should decide that the disease does not come from milk and water, the dairies would cease to be watched or inspected and many of them would sink into filth and corruption. I take no stock in the germ theory but I do take stock

in cleanliness; and I say we are not cleanly enough yet.

It is filth that creates disease. If families would be well, homes must be clean. Children should have clean beds and plenty of good, fresh air; their food must also be good.

People traveling may be poisoned by milk, water and other foods; hence it is well to cultivate cleanliness of body and mind and be possessed of sufficient knowledge to be self-protective in traveling as well as at home. "A little knowledge is a dangerous thing." If one starts out with the idea that to avoid milk and water insures against typhoid fever, that is what I call a very small bit of knowledge; for the surest plan to take disease of any kind is to abuse the health in any way. A good knowledge to have is to know that it is always necessary to eat moderately, and especially is this good knowledge to possess, when people are coming down all over the country with any kind of disease. And another small bit of knowledge that is worth its weight in gold is to know that the best prescription on the face of the earth to abort any disease is: *Stop eating when you feel badly.*

The person who is *wise enough* to avoid water and milk in hot weather will not always avoid taking typhoid fever for, in spite of the water and milk prohibition, people who eat more than they can take care of must get poisoned. I have not

seen many people who were dodging these two sources of poisoning who were not at the same time running into several other more formidable dangers; and the source of greatest danger was not suspected in the least, namely: the doctor. When these people side-step infected water and milk and land up against several days of heavy and imprudent eating, along with some other influences that depress the vital energy so that bad feelings come on, and then, to make sure that everything is going on all right, a doctor is sent for—one who gets busy with bowel irritants and nerve stimulants and gives plenty of *good, nourishing food to keep up the strength*—when a synthesis of this character is evolved out of a hot weather environment, typhoid fever of a most interesting type is the sum total. Nothing is lacking except the period—Mathematical point according to Brahmanism.

A little real good knowledge on the subject of health is valuable and makes one safe anywhere.

Be moderate; be cleanly; cultivate poise; avoid excitement; then, if an evil day comes, stop eating and go on hopefully and cheerfully and be sure to stay away from food until nature has got rid of the poison; then, when beginning to eat after the fast, eat very lightly at first.

CHAPTER VIII.

Care of Bed, Room, and Patient: I am a believer in fire as a purifying agent. All of the excretions of the patient, all the pick-up-paper, rags, sweepings—in fact everything that is to be thrown away—should be burned.

It will be a glad day when the state health boards see fit to have public crematories for all the waste and insist on the introduction of private furnaces for such purposes. The time will come when all homes will be provided with suitable arrangements for destroying the offal that is now washed through the sewer outside of the city to be turned loose on the country.

Nothing is more terrible, when looked at from the standpoint of public health, comfort, pleasure and cleanliness, than the present custom of gathering the filth of a large city and emptying it into the country, contaminating rivers and streams. If there were any excuse for it—if the world were not wise enough to do the right thing—it could be excused, but all the excuse any city or town can give for this foul outrage against public health is that it is customary—it is the conventional way.

Everything about a sick room should be clean. When the fact is known that a sickness is to last

for a week or more, everything that can be dispensed with should be taken from the room in which the patient is to be kept. If possible there should not be anything but a bed, a small table, a chair and a rug in front of the bed. All hangings, curtains, pictures and wall pieces of any kind should be removed. The floor should be wiped with a damp cloth once or twice a day; no sweeping at any time. The dusting should be done with a soft, damp cloth and the cloth burned.

The patient should have muslin gowns cut long enough to reach the feet and made on the order of a boxcoat, with tapes on both sides to tie instead of buttoning. There should be gowns enough so that a change can be made every day. The sheets and pillow cases, handkerchiefs, towels, and everything used about the bed should be put into water and boiled as soon as taken from the bed; never put soiled linen from a sick bed in a closet.

The glasses, in fact all vessels used by the sick, should be boiled when not in use. Soft cloths or cotton should be used to clean the mouth and teeth and immediately burned.

If the water that is used for drinking purposes by the patient is not good—if it is surface water—it should be boiled and kept on ice.

Towels and napkins should be put by the nurse into boiling water after being used and be-

fore they leave her hands. If left about they may be used and, if it amounts to nothing more, it is a slovenly, dirty habit.

If it is remembered that sickness is the climax of filth, my measures for cleanliness will not appear so exaggerated.



CHAPTER IX.

Treatment: When the diagnosis of typhoid has been made or the disease suspected for as a matter of fact until symptoms caused by sepsis appear the diagnosis is uncertain and doubtful, many physicians begin their treatment by giving repeated doses of calomel. This is a routine measure, the idea being to abort or break up the disease.

When the cause of a disease is not known and the diagnosis is uncertain and the physician in doubt, a prescription given under such circumstances is not scientific, and it is not even worthy of being denominated empirical; it is hypocritical, cowardly routine—a blind wabbling in imitation of a supposed scientific system.

If germs cause a disease, will repeated doses of calomel kill the germs? I do not believe any doctor will say so. I do not believe the doctor who begins his treatment with calomel will admit that he gives the calomel as a germicide. The doctor who gives quinine does not give it to kill the germs. If these drugs are not given to control or kill off the germs, what are they given for? Why give a drug, or why give anything to the sick, if there is no good reason for doing so? The object in treating disease should be to remove the cause; if germs are the cause, kill them; if they

can't be killed, what possible object can there be in giving drugs that have a detrimental effect upon the body? If the cause of a disease is not known, how is it possible to abort it or break it up?

If a disease is caused by germs, what can be meant by giving calomel or quinine to break the disease when neither of these drugs have a germicidal effect if given at the strength that either can be taken into the system without killing the patient?

There is a world of drugging going on by physicians who are ready to say all sorts of bad things about the empiric, the charlatan, the quack, yet they have no reason nor excuse for the drug-administration they are doing all the time—no scientific excuse and certainly no reason gained from experience; it is, as I said above, a blind, stupid, cowardly wabbling after a supposed scientific system and that system has not, after all these ages, agreed so far as cause and treatment are concerned; it starts with an automatic prescription and winds up in a maze of guesswork, which ends in a *frenzy*—one of the most positive proofs that there has been no understanding at any time. The calomel or other physic *cleans* out the bowels but, unfortunately, clinches the disease and lays the foundation, *good and strong*, for cleaning the patient out of existence.

One method of treatment still in vogue is the

giving of internal antiseptics. The purpose is to kill the typhoid bacilli, but the results have been far from satisfying to those who believe in the measure. In order to get the antiseptics in more direct contact with the bacilli one physician lately proposed to make an incision into the abdominal wall over the appendix, secure that organ and use it as a funnel through which to pour the remedy. This should be looked upon as an ultra-fashionable suggestion that will soon pass from memory.

The disease, first, last and all the time, is septic poisoning. The sepsis is generated in the bowels where food decomposition is taking place, and this decomposition produces local irritation of the mucous membrane, which frequently starts a diarrhea without the aid of drugs. This local bowel trouble should be looked upon as the vulnerable point, and everything should be done that it is possible to do to avoid further irritation of the mucous membrane, for a diarrhea, either natural or induced by drugs, will soon denude or make bare a portion of the absorbing surface; this increases the possibility of the entrance of septic poison into the system; hence I say the giving of calomel or any drug that will irritate the bowels clinches the disease and renders the possibility of aborting or cutting short the disease impossible. Calomel is especially bad because of its corroding action. When this drug comes in contact with acids it is rendered very aggressive; that is, it is

inclined to cause necrosis and sloughing of any mucous surface.

There have been many light cases of sickness transformed into formidable types by the use of drugs, and there is no way to find out how many people have been killed. It is safe to say that ninety-five per cent. of the deaths from typhoid fever have been brought about by drugs and food. How could it have been otherwise when the cause was not known? We hear of diseases being self-limited and of aborting or cutting short fevers and other nice talk, but when a disease has not been allowed to run a natural course without something having been done—without meddling with it by giving drugs or forcing food and annoying the patient with a lot of officious nursing—how are we to know anything about whether the disease is self-limited or not; and, if we really do not know the cause of the disease, how are we to proceed in the matter of aborting or cutting it short?

Talk is easy and talk is cheap when it flows automatically and without reason; but to talk in a way that practical experience verifies at all times, one must know the truth.

It is quite common to hear the remark: "My doctor does not believe in feeding in typhoid fever. He gives a little milk, or broth, or the white of the egg beaten with milk, or eggnog or something of that kind." It is a relief to know that most

of the family physicians do not believe in corned beef and cabbage, sausage and slap jacks, pork chops and fried potatoes, and it is a joy to know that they do not believe in drugs! Just a little to tone up the heart, and a little to help the patient to sleep, and a little to keep the kidneys moving, and of course just a little mite for the liver. Oh, no! The best doctors all believe in diet. They insist on their patients eating just enough to keep up their strength, and always being careful to eat *only the food that agrees*. Indeed the doctors all over the country are advocating diet and are adopting the diet habit in their own families.

All doctors know that typhoid patients waste rapidly and that this must be prevented and they know there is but one prevention and that is to feed good, nourishing food.

This is perhaps the most pronounced fallacy to be found in the whole of the theory and practice of medicine; no doubt it is the cause of more chronic diseases and deaths than any other one thing, and there are others that are worthy of consideration by those who are desirous of engaging the services of a medical expert.

When the physician learns to know that typhoid fever is a bowel disease—caused by the absorption of decomposition that is taking place in the intestine, and that every teaspoonful of nourishment builds disease—adds to the strength of the disease and not to the strength of the pa-

tient, as the entire profession teaches and believes, he will not wonder that it takes from two to four weeks to *control* (?) the light forms and as many months for severe cases; his wonderment will be that the human body can stand such terrible outraging without showing a greater mortality.

There is good reason for becoming discouraged with the advancement of the human intellect, at times, and the subject of typhoid fever affords as good an illustration of human incorrigibility as anything that can possibly be pointed out.

Just think of the age of this civilization and of the data this civilization can draw from those gone by on the one subject of typhoid fever, and then consider that up to this date there is not to be found in all the medical history of the ages a reasonable, rational understanding of what the disease is! Everything written on the subject is not only a fallacy, but a burlesque when all the circumstances connected therewith are understood.

I have hesitated for years to write in full on this subject, not because I feared criticism for I am proof against it, but because I feared if I should write prematurely—before I had established for myself a little prestige—that what I wrote would not be read or, perhaps, would serve to brand me as an unreliable visionary and forever and eternally damn me so that what I had to say then and what I might have to say there-

after would receive no attention. I am not sure that I am not now too hasty—I do not know that I have enough friends, or that my theories are sufficiently proven to the few I have to save me from being swept away by the indignation and contempt of the entire drug-profession for this one article.

Murchison advocated liberal feeding of typhoid patients, using starches, fats, gelatins, and even alcohol. His reason was that these patients waste rapidly and this must be prevented. This is the belief of the rank and file of the profession to-day, notwithstanding in a social way many physicians talk just the opposite.

It is very strange that a physician of Dr. Murchison's reputation and skill—a man who could recognize that sepsis, the cause of typhoid fever, was produced by the ingestion of decaying animal food—could not see that, if his patients were unable to digest the food that he himself prescribed, it must break down and become putrescent, and poison—create sepsis—just the same as if it had taken on this change before it had been eaten.

It is not my intention when referring to medical treatment other than my own to give the ideas and modes of practice of the *mediocre* members of the profession; I shall always select from the *recognized leaders*. Dr. H. Curschmann, a well known German physician and authority on ty-

phoid, and Dr. William Osler, recognized as the head of the American profession, state that milk is the most valuable article of food to use in fever, that it is important to give starches in the form of mucilaginous soups made from cereals, that meat broths are very good and that gelatinous substances are excellent. Osler is quite partial to egg albumin, which is made by shaking the white of egg with ice and then flavoring.

These two physicians tell us that alcoholic beverages are indispensable in treating typhoid; also that during the second and third week of convalescence the patient must be fed at least four or five times a day and during the night in addition if he is awake. Beside this, tempting nick-nacks are to be given between meals.

With such treatment, is it any wonder that many die and that those who get well are forever at it? A first-class physician and a first-class patient should make about a six months' job of one round of typhoid. If the victim is ever entirely well afterwards, he is in great, good luck.

I would take delight in showing the ridiculousness of this style of practice if it were possible. In time I may be able to teach enough physicians how to treat in my way to prove to the profession that the treatment given by these great doctors is not only unsuccessful but positively childish and silly.

There isn't anything more absurd than the

feeding of convalescents four or five times a day and during the night if the patient is awake.

No wonder there are relapses and complications, and long, tedious convalescences! Digestion recuperates slowly. It is absurd to think that the power to appropriate food is not lost as well as every other power of the body.

Dr. J. M. Anders is a well-known physician and authority on treatment. He has written a book on practice. Some of his recommendations are: At least three pints of milk a day; albumin water and broths are good; the patient should be fed every two hours or every hour if he can't take much nourishment at a time; if the stomach rebels, feed by rectum; stimulants, alcohol especially, are useful; digitalis and strychnia should be used in case of a complicating nephritis. [Evidently the doctor is in the habit of building complications]; if the fever runs high and baths are not advisable phenacetin, acetanilid, and antipyrin are to be used, being careful with them on account of their depressing effect on the heart. It would be well to tell how to be careful. The precaution is absurd in the face of the prescription.

Dr. R. L. Thomas claims that the Eclectics are very successful in treating typhoid, their mortality being only about five per cent. The doctor is a busy practitioner and author of the *Eclectic Practice of Medicine*. His diet is the same as the others recommend, namely, milk and broths. He

recommends such sedatives as aconite and veratrum at the beginning of the attack, according to indication; such antiseptics as sodium sulphite, baptisia and echinacea; also numerous other drugs to be given when indicated. About all the advantage the Eclectics and Homeopaths have is that their remedies are not as harmful as some of those used by the regulars.

All doctors agree that typhoid patients must be kept quiet and scrupulously clean. The case I shall report under the head of "Typhoid in Kansas," will show how meaningless is the average medical man's statements that patients must be kept quiet and clean and carefully dieted and medicated.

What can cleanliness of the surface of the body, room and bed be to the patient when he is made as filthy, putrid and malodorous in his stomach and bowels as possible and not kill him, by filling his stomach with food that it can no more digest than can a slop jar. Cleanliness! Ye Gods! Do you call such treatment *aseptic*? The profession knows a great deal about antiseptics but it does not know anything about the dirt of the blood that causes it to go into such rupophobic spasms.

When such symptoms as the following present themselves between June and October, especially from July to September, the physician or the patient will be justified in believing that the nucleus

is present from which a typhoid fever can be built: Languor, tired feeling, headache, restless nights, bad dreams, a blanched, anxious expression of face, constipation, sometimes diarrhea, almost a sensitiveness in the lower right side of the front of the abdomen, and this feeling of almost sensitiveness becomes a sensitiveness and at the end of a week or two weeks there will be a gurgling when this side is pressed.

These symptoms may scarcely be perceptible and they may range in severity from very light to severe colicky pain, with sick stomach and running off at bowels, cough, nose bleed, chilliness and fever.

Some of the highest authorities look upon dullness of hearing and a persistent headache in the back of the head, coming on after a few days of feeling-bad-generally, as diagnostic.

When these symptoms appear in a person who has been abusing himself to such an extent that his blood has lost its immunizing power, a little inappropriate medical treatment and nursing may precipitate a severe sickness.

If the intestinal poisoning takes place in a subject who has good vital resistance, the whole force of the infection may be spent locally and manifest as a colitis, appendicitis, typhlitis (inflammation of the cecum), perityphlitis or enteritis.

The cause of all these intestinal troubles is

the same, namely, putrefactive poisoning, exopathic or endopathic. The reason the poisoning manifests itself at one time as typhoid fever and at another time as a local intestinal disease is because in typhoid the blood has lost its immunizing power—the body defenses are broken down and the blood has become septic; then if it manifests as one of the many types of local intestinal disease, it is when the humoral defenses—defensive proteids—are still strong enough to force the poison to expend its force locally.

It matters not which one of these diseases is threatening, the treatment, first, last and all the time is: *Stop taking food!* Take all the water desired, unless there is nausea, wash the bowels with warm water enemas nights and mornings and keep quiet. The best and quickest way out of the trouble is to go to bed, relax body and mind and wait patiently for nature to adjust herself. Many threatening cases do not go to bed at all but, where it is possible, recovery of good feelings will be brought about much sooner by staying in bed. If there is much general stiffness, soreness, aching or tired feeling, one or two hot baths a day should be taken until well. Start the bath with the water at 90° F. and gradually bring the temperature of the water up to 100° F. Use towel, brush or open hand rubbings several times a day. It matters not how severe the symptoms are, or how persistent, the patient may rest

free from all worry about the outcome of the disease, for complications cannot develop, nor can any of the desperate symptoms put in their appearance unless drugs, food or some sort of abuse is instituted with the mistaken idea that disease can be cured.

Opportunity knocks at every man's door, it is said, but I have observed, in the course of a long and strenuous professional career, that a man may spend a great deal of his time knocking at opportunity's door without the delight of even a recognition. I presume it is because opportunity is busy making calls on her clientele, and she may be informed telepathically of prospective callers, and where their petitions are irregular she is not at home. Be the reason what it may, I have been on the waiting list a very long time without much satisfaction; however, the following case will show that I took advantage of one occasion to show the difference between the plan of practice I advocate and the plan I oppose.

It is not often that the contentions of convention can be held up before the public and their falsity proven.

Regular medicine is strongly intrenched; its strength, however, rests upon its unquestioned acceptance by the masses who inherit their opinions. Inherited opinions are almost as hard to get rid of as one's shadow.

In the matter of differing from the accepted and popular medical opinions, little attention is given to one who has the audacity and effrontery to question the truthfulness of the conclusions of the best minds in the world. He is usually designated as the crotchety man by gentlefolk; but the ill bred and vulgar select an epithet in keeping with their mentality.

Differing from authority, without an opportunity to make a public demonstration, is a very slow way to educate people into sympathy with a new line of thought.

The following case is unique in that it gives me an opportunity to prove positively, to any sane, intelligent mind, that some of the principal contentions of the regular school of medicine are just as false as I have been contending that they are.

I took the case after it was abandoned by the physicians—that is, the physicians gave the family to understand that the case was hopeless—it was in as unfavorable a state as possible—and I reversed every prescription. But I anticipate. I shall first quote from A Stuffed Club for September, 1906:

WESTERN UNION TELEGRAPH Co.,

Wichita, Kansas, July 12, 1906.

Dr. J. H. Tilden, Denver, Colo.

Come first train to see Thomas Mahan. Ty-

phoid fever, running six days; six hemorrhages from bowels today. Answer.

J. P. M.

O. C. D.

WESTERN UNION TELEGRAPH Co.,

Denver, Colo., July, 12, 1906.

J. P. M., Wichita, Kansas.

Be there at 1:10 p. m. tomorrow. Absolutely no food.

J. H. TILDEN.

I arrived at the bedside of Mr. M. at 2:00 p. m., July 13, 1906, and found the situation as follows: Male; age, 48; height, 5 feet 6 inches; weight, before he was taken sick, 215 pounds; business, merchant; habits, generous liver and given to periodic alcoholic indulgences, or what is called moderate drinking. He was two weeks coming down with the disease, had taken his bed one week before the day I saw him, and was under the care of the most reputable physicians in the State of Kansas. His symptoms were as follows: Muttering delirium; pulse, 92; temperature, 104.4 degrees; bowels greatly distended with gas—tympanic; very restless; urine dark colored; involuntary discharges from bowels and bladder. He had a chill a few minutes after I saw him, due probably to hemorrhage as there had been several hemorrhages in the thirty-six hours preceding my arrival; the bowel discharges were very offensive and mixed with blood.

The following is a copy of the nurses' chart, showing what the treatment had been up to my assuming charge:

July 7.

7:30 p. m.	Pulse 100	Temp. 100.6° F.	One glass milk.
7:45 p. m.			Powder.
8:00 p. m.	Pulse 100	Temp. 102.8° F.	Vomited.
9:30 p. m.		Temp. 102° F.	Two capsules. Cold bath.
11:00 p. m.	Pulse 78	Temp. 101° F.	Slept half hour.
12:00 p. m.	Pulse 78	Temp. 101° F.	Glass milk. Slept one hour.

July 8.

1:00 a. m.	Pulse 90	Temp. 102° F.	Cold bath.
2:30 a. m.	Pulse 82	Temp. 101° F.	Slept one hour.
4:30 a. m.	Pulse 86	Temp. 102.8° F.	Slept one hour.
6:00 a. m.	Pulse 78	Temp. 101.4° F.	Two capsules.
8:00 a. m.	Pulse 80	Temp. 102.6° F.	Cold bath.
10:00 a. m.	Pulse 80	Temp. 101° F.	Two capsules. Milk.
11:00 a. m.			Alcohol bath.
2:00 p. m.	Pulse 90	Temp. 103° F.	Glass milk.
2:30 p. m.			Bath.
4:00 p. m.	Pulse 82	Temp. 103° F.	Capsule. Bath.
5:30 p. m.			Milk. Colonic flush.
9:00 p. m.			Capsules. Milk.
9:10 p. m.			Calomel.
10:10 p. m.	Pulse 80	Temp. 102.6° F.	Calomel and Liquid.
11:10 p. m.			Calomel.
12:00 p. m.			Milk.

July 9.

12:15 a. m.	Pulse 80	Temp. 102.2° F.	Calomel.
1:10 a. m.			Calomel. Vomited.
1:30 a. m.			Liquid.
2:00 a. m.			Calomel.
3:00 a. m.	Pulse 80	Temp. 102° F.	Cold bath.
4:00 a. m.			Liquid. Milk.
6:00 a. m.			Hot bath.
			Did not sleep till 6 a. m.
10:00 a. m.	Pulse 76	Temp. 102° F.	Capsules. Milk.
11:00 a. m.			Liquid.

11:30 a. m.			Ice bath.
12:30 p. m.	Pulse 80	Temp. 103.4° F.	Ice caps and bath.
2:00 p. m.			Two capsules and milk.
5:00 p. m.			Sponged.
5:30 p. m.	Pulse 76	Temp. 103° F.	Capsules and cold sheet pack.
5:40 p. m.			Milk.
7:00 p. m.		Temp. 104.6° F.	Capsules by rectum.
8:00 p. m.			Gastric lavage.
8:15 p. m.			Powder.
8:30 p. m.			Milk.
9:45 p. m.			Capsules by rectum.
11:15 p. m.			Slept 30 minutes.
11:30 p. m.			Capsules.
12:00 p. m.	Pulse 76	Temp. 103.4° F.	

July 10.

12:20 a. m.			Liquid.
12:30 a. m.			Milk.
2:30 a. m.	Pulse 78	Temp. 103.4° F.	Capsules.
3:00 a. m.			Liquid.
3:30 a. m.			Milk.
4:00 a. m.			Capsules.
5:00 a. m.			Saline.
6:15 a. m.	Pulse 74	Temp. 101.4° F.	Milk. Soap bath.
7:30 a. m.		Temp. 103.2° F.	
8:30 a. m.			Gastric lavage.
8:45 a. m.			Glass milk.
9:30 a. m.	Pulse 76	Temp. 103.6° F.	Capsules.
10:30 a. m.			Liquid.
11:30 a. m.			Liquid.
12:00 m.		Temp. 102.8° F.	Milk.
1:40 p. m.	Pulse 78	Temp. 102.6° F.	Capsules. Slept one hour.
2:00 p. m.			Colonic flush.
2:30 p. m.			Liquid.
3:40 p. m.	Pulse 76	Temp. 102° F.	Milk.
4:30 p. m.		Temp. 102.6° F.	
5:00 p. m.			Liquid.
6:00 p. m.		Temp. 103.5° F.	Capsules.
7:30 p. m.		Temp. 102.4° F.	Liquid and milk.
8:30 p. m.	Pulse 78	Temp. 102.6° F.	Gastric lavage.
8:50 p. m.			Milk.
9:30 p. m.			Liquid.

10:10 p. m.			Capsules.
12:00 p. m.	Pulse 76	Temp. 102° F.	

July 11.

1:00 a. m.			Milk.
2:00 a. m.	Pulse 80	Temp. 103° F.	Strychnine, 1-30 gr.
2:30 a. m.			Capsules.
3:00 a. m.			Liquid.
3:30 a. m.	Pulse 80	Temp. 102.4° F.	Ice bath.
4:00 a. m.		Temp. 101° F.	Milk. Alcohol rub.
5:00 a. m.			Saline.
5:30 a. m.		Temp. 103° F.	Liquid. Sponged.
7:30 a. m.			Liquid. Milk.
8:40 a. m.			Strychnine.
11:00 a. m.		Temp. 101.4° F.	Milk.
12:00 m.	Pulse 68	Temp. 102.6° F.	
12:30 p. m.			Liquid.
1:30 p. m.			Gastric lavage
1:40 p. m.			Strychnine and milk.
3:00 p. m.			Liquid.
3:40 p. m.	Pulse 76	Temp. 103.6° F.	
4:00 p. m.			Colonic flush.
5:00 p. m.			Milk.
6:00 p. m.			Strychnine.
8:00 p. m.	Pulse 78	Temp. 103.4° F.	Sulphonol powder.
8:45 p. m.			Liquid peptonoids.
9:15 p. m.			Sponge and alcohol rub.
9:30 p. m.	Pulse 76	Temp. 104.75° F.	
10:00 p. m.			Liquid.
11:30 p. m.	Pulse 90	Temp. 104.6° F.	Strychnine.
12:00 p. m.	Pulse 88	Temp. 105° F.	Liquid. Sponged one hour.

July 12.

1:30 a. m.	Pulse 76	Temp. 104.6° F.	
3:00 a. m.			Liquid.
3:15 a. m.			Strychnine.
4:30 a. m.	Pulse 86	Temp. 104.4° F.	Milk.
5:00 a. m.			Delirious all night.
			Saline.
5:30 a. m.	Pulse 86	Temp. 104.4° F.	Hemorrhage, 1 quart
6:00 a. m.			Colonic flush, ice water.
7:00 a. m.	Pulse 78	Temp. 102° F.	

7:15 a. m.			Strychnine.
7:30 a. m.			Hemorrhage.
8:00 a. m.	Pulse 82	Temp. 102.4° F.	
9:00 a. m.	Pulse 80	Temp. 102.6° F.	Beef juice. Hemorrhage.
			Ice to head and abdomen.
10:20 a. m.			Hemorrhage.
10:30 a. m.			Glass buttermilk.
11:00 a. m.	Pulse 90	Temp. 104.2° F.	
11:15 a. m.			Strychnine.
11:30 a. m.			Hemorrhage.
11:40 a. m.			Hemorrhage.
12:30 p. m.	Pulse 90	Temp. 104.2° F.	Colonic flush.
1:30 p. m.			Beef juice, 2 ounces.
2:00 p. m.			Liquid.
2:30 p. m.	Pulse 94	Temp. 104.2° F.	
3:20 p. m.			Strychnine, sponge and alcohol rub.
4:00 p. m.	Pulse 88	Temp. 104.6° F.	Liquid.
4:30 p. m.			Glass buttermilk.
4:50 p. m.			Hemorrhage.
5:30 p. m.	Pulse 92	Temp. 103.8° F.	Sponged.
7:20 p. m.			Strychnine.
7:30 p. m.	Pulse 90	Temp. 104.75° F.	Beef juice. Cold bath
8:00 p. m.			Liquid. Hemorrhage.
8:15 p. m.			Enema of tannic acid
8:20 p. m.			Morphine, 1-30 gr.
10:00 p. m.	Pulse 84	Temp. 103.6° F.	Liquid.
10:20 p. m.			Hemorrhage.
10:30 p. m.			Glass of buttermilk.
11:30 p. m.			Liquid.
11:40 p. m.			Strychnine.

July 13.

12:30 a. m.	Pulse 80	Temp. 104° F.	
1:30 a. m.			Slept one hour.
2:30 a. m.	Pulse 90	Temp. 103.6° F.	Glass malted milk.
			Sponged.
3:40 a. m.			Strychnine.
5:30 a. m.			Cleansing bath. Alcohol rub.
6:30 a. m.			Glass buttermilk.
7:40 a. m.			Strychnine.
7:45 a. m.			Liquid.

8:45 a. m.	Pulse 92	Temp. 103.8° F.	
10:00 a. m.			Colonic flush.
10:15 a. m.	Pulse 80	Temp. 104.6° F.	
10:30 a. m.			Chill. Liquid.
11:30 a. m.			Liquid.
12:00 m.			Strychnine. Bath and alcohol rub.
12:30 p. m.			Buttermilk.
1:30 p. m.			Liquid.
2:00 p. m.		Temp. 104.6° F.	Sponge and alcohol rub.
2:40 p. m.			Sponge and alcohol rub.

A word of explanation: The capsules were quinine. The liquid was some kind of fever medicine. The milk that was given every three hours was in quantities of one glassful at a time. After the first few doses of strychnine it was given by hypodermic injection. The saline was probably a mild laxative.

Suppose a well man should be put to bed and punished, as this sick man was for the first seven days of his illness, what would happen? Is there any wonder that he was sick unto death? Are there people idiotic enough to believe a sick man can stand a treatment that would kill a well one? Is there a sane man on earth willing to stand up and declare that I am prejudiced when I iterate and reiterate that most of the practice of medicine is neither scientific nor sensible; that professional zeal has run away with common sense; that frenzy has supplanted all judgment; that hysteria has taken the place of self-possession; that authority has completely annulled independent thinking, and

individuality is lost in a soul-destroying worship of authority and creed-custom?

Why was quinine given every three hours? Because there is a superstition that quinine antidotes and breaks fever. There is not a word of truth in it, notwithstanding there are thousands of physicians who believe it, and not only believe it, *but know* it. They are as positive of it as they are that vaccination antidotes smallpox and that strychnine and other heart tonics are necessary to keep up heart action, and that feeding is positively necessary in all forms of disease to keep up the strength—to keep the patient from collapsing when the crisis comes.

The physicians of today are just as sure that a patient will die without strychnine to keep up the heart as the doctors of thirty years ago were sure their patients would die if they did not keep them under the influence of alcoholic stimulants. All these beliefs are just as surely true as the old belief that the world was flat was true to those who believed it in the olden time.

I have been proving to a few people for several years that fever patients do not need food and heart-tonics, and not only are they not needed, but, when they are used, they either prolong the disease or kill the patient.

This man was dosed with strychnine because the doctors imagined that his heart was weak or, if it was not weak, it was liable to get weak. Drug

doctors are wonderfully cautious, but their caution is as farcical as it is paradoxical, for their treatment to prevent collapse is always the cause of the collapse. The treatment that will control disease is looked upon as unsafe and an opposite regime adopted which brings about exactly what they do not wish. But to make them see this is well-nigh impossible.

I found chaos everywhere; the nurses were in a panic and clamoring to be released from the case.

I have noticed quite a disposition on the part of nurses to go out on a strike if their favorite doctor is displaced; or, if they condescend to stay on the case, these nurses are often expert in the use of the stiletto of prejudice, and the effect of their fine Italian hand can often be detected by the discerning.

In this case the nurses were quite sure that the man must die, for they felt that there was really no hope for him even in the hands of their favorite doctors; and of course there couldn't be any possible show for him now that he was about to pass into hands less skilled; hence they sincerely desired to wash their hands of any further responsibility.

I had a little "heart-to-heart" talk with them and assured them that we would have plenty of work for several days, but it would be a work of quiet and order, with the elements of scare, worry

and responsibility, so far as they were concerned, left out. I assured them that I would assume all responsibility, and that it would be so securely buckled on me that there would be no danger of its flying off and running amuck and charging relapses to them.

It is usual to charge relapses to catching cold and nurses of course are to blame. The nurse is next to Providence in the estimation of the average drug-doctor. Somebody must be responsible for complications and relapses, and when Providence is not to blame the nurse has carelessly left the key out of the door and permitted a draft to strike the patient. *These careless nurses* are the bane of the doctor's life. The pathetic part of this whole affair is that the poor nurse doesn't know but that she is the cause of the relapse, for the doctor says so, and what he says must be true. This constant dread of being the cause of such troubles soon creates a panicky disposition in nurses and they increase their vigilance to the point of frenzy when cases become severe; and in fact this intense nervousness and anxiety of nurses creates a psychological atmosphere about a patient, the reverse of what it should be. No one is to blame for this chaotic state; it is the normal working out of this system of so-called healing. I have gone through all of its exquisite torture.

I assured these tired-out, nervous women

(both of whom proved to be most excellent nurses) that if the man died and some one must shoulder the responsibility that pleasure should all be mine.

I have always worked hard to land the glory of *curing*; but never have I been so anxious that I would shirk and shift a responsibility to innocent shoulders.

Hypodermics of strychnine and tannic acid enemas to lock the decaying cheese in the bowels had been adopted from the first signs of hemorrhage. I explained to the nurses that hemorrhage was one of nature's conservative measures—that is was necessary or it would not have taken place; that nature had been forced to get rid of arterial pressure brought on by the malpractice of feeding and medicating when there was complete suspension of stomach and bowel digestion and if we stopped battling against her she would stop throwing out her defenses that were misinterpreted as disease. I explained that the bowels were full of decomposing cheese from the milk diet, that the tannic acid could not stop the hemorrhage, but that it would lock the cheese in the bowels, and that bowel flushings were all that could be safely done towards getting the *putrid* milk out of the bowels.

Within twenty-four hours the sick-room was as quiet as a tomb, minus the gloom. The household was settled into a state of self-possession

with a rational hopefulness, ready not to be surprised at any ending.

There is a state of frenzied hopelessness that should be avoided in the sick-room, for it does harm to the sick and is enervating to the well. There is a state of rational anxiety that borders close to hopelessness, a state that will not be surprised at the realization of the worst yet represents a wise resignation, let come what will; this is the state that a good physician should bring about, and he will if he is not frenzied himself. A frenzied state of mind is born of mental blindness—a state brought to the mind of a physician by a lack of knowledge of what is going on around him, and it is one of the most undesirable mental atmospheres possible to a sick-room. This state of mind exists in all conscientious drug-physicians when their patients are very sick and, if they do not show it, it is because they have learned to dissemble. The uncertainty of drug-practice leads to mental unrest in all severe diseases, and one of its surest signs is to see doctors changing their prescriptions often, or resorting to frequent hypodermic injections and *discovering numerous complications*.

After quieting the nurses, household and friends, we all settled down for a long, a strong and a steady pull, and the following record was kept of pulse and temperature:

July 13—	6:30 p. m.	Pulse 98	Temp. 104.4° F.
	11:30 p. m.	Pulse 96	Temp. 103° F.
July 14—	3:30 a. m.	Pulse 104	Temp. 104.6° F.
	8:30 a. m.	Pulse 102	Temp. 103.6° F.
	11:30 a. m.	Pulse 100	Temp. 104.5° F.
	3:00 p. m.	Pulse 102	Temp. 104.4° F.
	7:00 p. m.	Pulse 100	Temp. 104° F.
July 15—	11:00 p. m.	Pulse 98	Temp. 104.2° F.
	3:00 a. m.	Pulse 98	Temp. 104.4° F.
	7:00 a. m.	Pulse 94	Temp. 103° F.

The increase in pulse rate represented the natural reaction following the suspension of quinine and the hypodermics of strychnine, and was to be expected.

This is a positive refutation of the profession's constantly reiterated declaration that the heart must be sustained. Reader, please bear in mind that this man had been on heart tonics for one week and had been constantly fed, yet he did not collapse when deprived of them.

I not only refuse to sustain the heart and give food for bodily nourishment in all diseases, from the start to the finish, but I unhesitatingly take any case that has been *held up* for a week, or any length of time, and without scruple remove the props, and if the profession's theory of a sustaining treatment were correct, such cases ought to go down and out; but on the contrary my experience is, and has been, exactly the reverse of this time-honored teaching. This being true, if the *best physicians* in the country do not acknowledge that such results *if true* are a surprise to them and are in exact opposition to what they are taught to do

and expect, they are not sufficiently honest to deserve the respect of the best people.

The patient was given water with lemon or orange juice every three or four hours, and as much water at other times as he would take. The enemias of two quarts of water and a teaspoonful of salt were given twice a day throughout the sickness. The spine should be sponged with water as hot as can be borne with comfort. Sponge for a minute and gently rub for two minutes, and repeat often enough to quiet the patient. The hot water spongings and rubbings were resorted to as often as restlessness demanded.

The involuntary discharges from the bowels and bladder continued for the first ten days of my treatment, and there was more or less hemorrhage for seventy-two hours after my treatment was begun.

July 15—	11:00 a. m.	Pulse	94	Temp.	103° F.
	2:30 p. m.	Pulse	90	Temp.	103.6° F.
	7:30 p. m.	Pulse	96	Temp.	103° F.
	11:30 p. m.	Pulse	94	Temp.	103° F.
July 16—	5:00 a. m.	Pulse	90	Temp.	102.4° F.
	10:00 a. m.	Pulse	92	Temp.	102.4° F.
	3:00 p. m.	Pulse	96	Temp.	103.2° F.
	7:00 p. m.	Pulse	96	Temp.	103.2° F.
July 17—	3:00 a. m.	Pulse	96	Temp.	103.4° F.
	9:00 a. m.	Pulse	96	Temp.	102.2° F.
	4:00 p. m.	Pulse	100	Temp.	104° F.
	11:00 p. m.	Pulse	98	Temp.	103° F.
July 18—	5:00 a. m.	Pulse	90	Temp.	102.2° F.
	11:00 a. m.	Pulse	90	Temp.	102.4° F.
	5:00 p. m.	Pulse	98	Temp.	103° F.
	11:00 p. m.	Pulse	98	Temp.	103° F.
July 19—	5:00 a. m.	Pulse	90	Temp.	103.2° F.

	11:00 a. m.	Pulse 92	Temp. 102.4° F.
	6:00 p. m.	Pulse 100	Temp. 104.2° F.
	11:00 p. m.	Pulse 102	Temp. 103.2° F.
July 20—	5:00 a. m.	Pulse 94	Temp. 102.6° F.
	8:00 a. m.	Pulse 94	Temp. 102.6° F.
	5:00 p. m.	Pulse 98	Temp. 103.4° F.
	10:30 p. m.	Pulse 104	Temp. 103.75° F.
July 21—	7:00 a. m.	Pulse 94	Temp. 102.2° F.
	6:00 p. m.	Pulse 96	Temp. 102.4° F.
July 22—	7:00 a. m.	Pulse 90	Temp. 101.4° F.
	7:30 p. m.	Pulse 104	Temp. 102.4° F.
July 23—	7:00 a. m.	Pulse 96	Temp. 102° F.
	7:30 p. m.	Pulse 96	Temp. 103° F.
July 24—	7:00 a. m.	Pulse 96	Temp. 102° F.
	7:00 p. m.	Pulse 96	Temp. 102.4° F.
July 25—	7:00 a. m.	Pulse 96	Temp. 100.4° F.
	7:00 p. m.	Pulse 100	Temp. 102.2° F.
July 26—	7:00 a. m.	Pulse 92	Temp. 101° F.
	7:00 p. m.	Pulse 100	Temp. 102.4° F.
July 27—	7:00 a. m.	Pulse 95	Temp. 101.4° F.
	7:00 p. m.	Pulse 100	Temp. 102.4° F.
July 28—	7:00 a. m.	Pulse 94	Temp. 100.4° F.
	7:00 p. m.	Pulse 92	Temp. 102° F.
July 29—	7:00 a. m.	Pulse 94	Temp. 100.2° F.
	7:00 p. m.	Pulse 96	Temp. 102° F.
July 30—	7:00 a. m.	Pulse 88	Temp. 100° F.
	7:00 p. m.	Pulse 86	Temp. 102° F.
July 31—	7:00 a. m.	Pulse 90	Temp. 98.6° F.
	7:00 p. m.	Pulse 98	Temp. 102° F.
Aug. 1—	7:00 a. m.	Pulse 90	Temp. 100° F.
	7:00 p. m.	Pulse 95	Temp. 100.4° F.
Aug. 2—	7:00 a. m.	Pulse 80	Temp. 98.2° F.
	7:00 p. m.	Pulse 84	Temp. 99.4° F.
Aug. 3—	7:00 a. m.	Pulse 88	Temp. 99° F.
	7:00 p. m.	Pulse 84	Temp. 99.4° F.
Aug. 4—	7:00 a. m.	Pulse 90	Temp. 99.3° F.
	7:00 p. m.	Pulse 96	Temp. 100.2° F.

From the 4th of August the temperature was less than 100° F. Once or twice he had a little too much food which carried the temperature to 100° F. I was somewhat handicapped in not being able to see the sick man after I left him July

22nd, but the nurses did splendidly in following instructions and making daily reports. All interested in the case deserved commendation for their cool-headedness in following instructions. It took nearly three days to get answers to the letters; hence a few telegrams were necessary where immediate advice was needed. In all probability if I could have seen him every day he would have been saved a few days' sickness—the fever would have been cut down possibly one week—but taking into consideration the desperate condition in which I found him he made a very rapid recovery.

This was a case in which *scientific medicine* declared strychnine necessary to keep up heart action, and *scientific medicine* had been giving it for a week.

If the theory advanced by the profession regarding the sustaining of the heart in fevers were correct, what would have happened to this man when I took him off of his heart tonics? He ought to have had heart failure; and his heart collapse should have taken place more surely—in fact without delay—because he had been taking the heart tonic for one week, and, if there were anything in the theory, the need was increased. Bear in mind, readers, here was a man whom the profession declared in need of a heart tonic one week before I was called, and the tonic had been given; the fever had also been ravaging the system, further weakening the heart, and in addition to all this he had

been having bowel hemorrhages for two or three days, which, according to this same theory, added very seriously to the heart weakness; but in spite of all this evidence that the heart was overburdened and needed careful watching and all the stimulants and tonics possible to keep it from collapsing, I unhesitatingly cut off everything of a so-called sustaining nature—food, drugs, ice packs, and unnecessary nursing.

I had proven to my complete satisfaction twenty years before that the theory of heart stimulation advocated and practiced by the leading professional men of the world was false—and I have ever since been unhesitatingly stopping the use of heart remedies in every *desperate* case to which I have been called as consultant, or to succeed other physicians, and instead of the patients *going to pieces*—instead of the heart collapsing—the heart invariably improves, and the improvement is immediate and continuous.

If the theory, which is believed in by the whole profession, is true, why didn't this patient die?

What kept his heart regular and strong? If quinine will break a fever, why did this man's fever grow steadily worse under its influence? If there is danger that fever patients will starve to death, why did not this patient starve to death? The fact is, the whole theory of sustaining treatment is absolutely unworthy of this age.

I say boldly and with all due regard for truth, that this patient's disease would have been a very trivial affair if it had not been built to its desperate state by the treatment. Look at the first night's report, look at every day's and night's report!

What does common sense say the treatment of a sick person should be? Isn't it a fact that all nature cries out in no uncertain voice, *Give the sick rest*. Rest to the body and mind; rest to the nutrition; rest to the nerves! Is constant attendance with the giving of drugs, food, stimulants, taking the temperature, counting the pulse and doing a thousand and one other little, annoying, useless and senseless things, giving a patient rest?

Isn't it a burlesque to point to the regular practice of medicine and name it, *The Science and Practice of Medicine*?

The treatment from beginning to end is a crazy, senseless regime, devoid of poise—hysterical.

This man was fed from the first hour the medical man was called. Why? Because he was in danger of starving to death; *he only weighed 215 pounds!* It is to laugh!

All such cases as this should be entirely rid of fever in from one week to ten days, followed by a quick convalescence. When they are complicated, as this case was, they do well to recover at all and

when they do recover it takes weeks to become normal. If the plan of treatment that I found the patient under had been continued, the prognosis that had been made by the physicians in attendance would surely have been fulfilled, namely: "The patient can't live twenty-four hours." When the neighbors heard that I was giving neither drugs nor food the shout went up: "If Dr. Tilden isn't giving food or drugs, what is he doing?" Doing! Do something is the demand! Nature says, "Do nothing." My answer in such cases is: I am standing guard to keep medical vandalism from destroying the patient.

My treatment is a "do nothing treatment" according to the minds of those educated to the customs of this age of medical practice. The idea that drugs cure disease has taken such a hold on the minds of doctors and their patients that such a thought as, "possibly nature can do something for herself if given a chance," never crosses the threshold of their understanding. The fact is, na-
ture does all the curing that is done; there is not,
never was, nor ever will be a drug that will cure a
disease. Drugs will kill pain, but they cannot cure
it. There are thousands of medical excuses for giving drugs; the one that assumes the dignity of a plausible excuse is that pain kills unless relieved, but this can be offset by the truth that drugs do not save as many lives by relieving pain as they kill in the attempts at securing relief, and

if there are lives saved by drugs, which is questionable, the drug-relieved disease is not a cured disease.

Drug treatment with the nursing that has evolved with it as an accompaniment can not be better described than to call it a killing-frenzy.

Mr. M. was delirious and had involuntary discharges from bowels and bladder; the involuntary discharges lasted for about ten days after he became my patient, but his delirium continued at intervals until he was able to take food, which was three weeks after I saw him first and at the end of his fourth week of sickness. The head symptoms were no doubt aggravated by the quinine and strychnine he had taken. He had been so overstimulated that his nervous system was in a nerve-storm which gradually disappeared under the influence of the rest given him—rest from drugs, rest from food and rest from everything that would tend to irritate him. He could be put to sleep after the first forty-eight hours of my assuming charge by hot water sponging and gentle rubbing to the spine.

It is worth the world to know how to *do nothing* intelligently.

I hope no reader will decide that this case received the very best so-called regular treatment. No, not by any means. I think it would be hard to find a worse. I know that there is a small per cent. of the regular school who would be justly in-

sulted if accused of treating disease according to the methods adopted in this case. Physicians using such treatment would be playing in great luck if they did not lose more than twenty-five per cent. of typhoid cases.

A physician who can hold his mortality down to ten per cent., and be governed in his treatment by the best authorities to be found to-day is a bigger and better physician than his tutors.

Here was a case that was hopeless unless there was something with more power to save than the means being used. I came in and established a regime the exact antithesis—exactly the reverse in theory and practice—and according to *scientific* medicine the patient should have died sooner under it than under the old, for everything of a bolstering nature was removed at once and forever; nature was left to “root hog or die,” but she didn’t die; she began soon to get the rest of which she had been deprived from the moment the first treatment began and every hour added a little strength to the almost exhausted system.

If the theory of established practice were right, the three weeks that the patient was deprived of food under me ought to have brought on a fatal weakness, but what happened? He gained strength slowly every day of the three weeks and if food had been withheld another week or ten days he could have taken the train and eaten his first dinner with me in Denver.

I know such a statement as this smacks of bombast to those who are brought up to think disease must be cured, and curing means medicating and feeding.

I was brought up to believe that way and it took me years to convince and bring myself to believe as I now do.

Another case comes to mind which I shall relate because it was that of a frail boy, just the opposite temperament from the case reported above.

This patient, a boy about thirteen years old; quite frail looking; nervous-mental temperament; had been in the mountains on a vacation trip, camping out, fishing and hunting. He had not been in camp more than two weeks when he began to feel ill. He was too tired and weak to do much fishing; every day he thought he would be better, but every day found him weaker and feeling a little more uncomfortable until at the end of a week of ill-feeling his friends decided to break camp and bring him home.

I was called to see him in the evening of the day he returned home. I found him a little feverish, temperature 101.5° F., pulse 110, tongue slightly coated, rather long, edges and tip somewhat red; headache, bad taste in mouth and no appetite. He had been eating with more or less relish until this date.

My diagnosis was typhoid fever and my pre-

scription was: Be quiet, eat no food, drink all the water desired and wash bowels with enema night and morning; bind wet towel on bowels, towel to be wet in cold water night and morning.

Before 9:00 a. m. the next morning, when I was to call, I was sent for in great haste; the messenger informed me that the patient was in a very desperate state from hemorrhage of the bowels. I had but a block and a half to go, hence I was at the boy's bedside very soon after his hemorrhage, and I took in the situation at a glance. I do not think I have ever seen a more profound collapse than that boy was in. His pulse was not countable on account of its weakness and frequency. As near as I could make out the rate was near 180, temperature below normal.

I took the pillow from under his head, elevated the foot of the bed six inches and ordered absolute quiet. No one was to go into his room except the nurse, and I forbade her speaking to him. She was instructed to keep his feet warm and take water to him occasionally, but never speak nor ask him a question. She was to put the spoon with water to his mouth and repeat as often as he would swallow it.

Here was a typical case for hypodermics of heart tonics, general stimulation, nutritive enemata, scientific madcap endeavors at restoration and all sorts of subdued whisperings and crazy attempts at revival, but nothing was done except

what I have related above. The parents wanted to know how soon I thought he should take nourishment. That was after I had explained to them that I did not intend to use stimulants, heart-tonics nor food in any shape, or form, and that if they thought I was not doing enough, they were welcome to send for some one who would; that I did not intend to give drugs at any time and as for food, I should wait for full reaction, which I did and it came the eleventh day. The pulse was not countable for several days, but it did grow stronger and more regular, and finally it came down to 110, after which I prescribed a very light food and increased it daily as the pulse grew stronger.

Here was a case of almost fatal hemorrhage; the exhaustion was so great that the boy could not lift his head, hand or foot, and this frightful weakness continued with but very slight improvement for four or five days. The improvement was not enough to justify feeding before the eleventh day.

This case refutes the professional idea of the necessity of heart tonics, food, etc. I insist that this boy would have died if he had been interfered with in any way.

The almost fatal hemorrhage carried out of the body enough of the elements that were building disease to absolutely abort it, and what was left of that nature was rendered harmless by the eleven days' fast.

If any well established case of typhoid fever were bled to the extent that this boy was bled, and the bleeding followed by a complete fast until nature could have time to use up enough of the body's surplus to partially replenish the blood and eliminate all trace of the septic poisoning, there would be fewer deaths and shorter illnesses and more satisfying convalescences.

My plan of treatment is on the same order but slower. The fasting that I insist upon is a slow method of blood-letting and favors the elimination of the poison and prevents the intake of more.

My plan is based on the fact that there is suspension of nutrition in all acute diseases and if food is pushed upon the sick the food becomes fuel to feed the disease. This is no theory with me any more, for I have proved the truth of it for years, and I am doing so daily. The boy's case is in point. All the nourishment that he needed was in his body and nature can help herself just when she needs it.

What are all the pounds of surplus flesh carried on most bodies for? For nourishment—to be used as food when necessity demands—and the time for nature to use this surplus is when the body falls sick.

Hemorrhage from the bowels in typhoid, or from the lungs in consumption, is a conservative measure and instead of treating it with a view to

stopping it, it should be left entirely alone, but if we are wise we shall take the hint and reduce arterial pressure just as soon as possible. Food should always be proscribed, and if the symptoms are urgent, even water must be limited or prohibited for a time.

The conventional treatment of the day is just as near the opposite of my treatment as it possibly can be, and of course from my point of view exceedingly absurd; this being true, I can readily see that my recommendations must be very ridiculous to the profession.

That I am right I have some very strong reasons for believing. In the first place, the people have no use for me until they fail to find relief anywhere else, but when they are finally forced to come to me I have no trouble giving them the relief and even the cure they crave, provided they have suffered enough to force them into following instructions.

When the profession says, "These cases have been kept on stimulants for weeks; it will not do to suspend their use now—it will be *fatal* to stop now!" I pay no attention to such statements. My contempt for these remarks has gradually grown upon me with the proving that they are not true.

Why did I not lose both the above cases? Why do my very bad cases not die? Why do all diseases treated on my plan recover and fail to recover under other plans?

My plan is opposed by every orthodox doctor, preacher, lawyer, politician, economist, socialist and sectarian of either high or low degree, and when an inventory of the individual is taken, I am opposed by appetite and every animal impulse, instinct and selfish desire. I receive no smile of recognition until fear, advised by caution, counsels the higher attributes; then a few of the highest mental types declare that my teachings are necessary to the best health and the highest physical development. This being true, I accept it as proof that I advocate the truth, for nothing but the truth could exist in the face of such opposition.

As suggested above, those who are complaining of the primary symptoms, and can, should go to bed. If there is much gastric (stomach) irritation, wet a towel in cold water, run it through a clothes wringer, fold it and bind it on the abdomen. If cold water feels disagreeable, use hot water. It can be kept on the bowels by pinning a towel around the body. The wet towel should be renewed two or three time a day. When the towel is being renewed the abdomen and back should be rubbed with the open hand; the patient's back should be rubbed from the head to the end of the spine frequently when there is much nervousness. These rubbings should be thorough and when they are the patient is always refreshed, and relieved of tire and aching. The right kind of rubbing is a nightcap for all sick people.

If there is much thirst and water does not taste good and either hot or cold water causes the stomach to feel uncomfortable, small warm water enemas may be used three or four times a day, not more than a pint of water each time.

Every case taken at its formative stage, before the fever has developed, should be well in from five to seven days; that is, the fermentation in the bowels should be controlled and the secretions and excretions established so that food can be taken without danger of its taking on putrefaction instead of physiological fermentation.

If the case has advanced to diarrhea, nausea or vomiting, or constipation with tenderness in bowels and sick stomach, also headache and an elevation of temperature of one or two degrees, tongue red at point and edges with disagreeable dryness but not pronounced thirst, more of a desire to wet the mouth than to swallow the water, the treatment should be the same as above; and if the patient follows instructions carefully and avoids unnecessary expenditure of nerve force by talking or permitting others to talk to him, everything should be righted in about the same length of time or not more than twenty-four hours longer.

It is not uncommon for nervous temperaments, when taken down with this disease, to be very disagreeable and make home exceedingly uncomfortable for one or two weeks if they are be-

ing treated in the regular way; after this their sensations are dulled by the septic poisoning which is growing more intense day after day and from this time on they are much more agreeable. This nervous state can be entirely overcome in from three to four days when treated according to my plan.

Before typhoid has taken on any of the pronounced septic symptoms the patients do not think they are sick enough to go to bed and be as careful as they should be. Quite a good many are nervous and cranky, and refuse to take care of themselves. Some declare that all they need is a good dose of medicine "to clean out their bowels and act on their liver," and not a few take the drugs. The cleaning out and the liver stirring follow, and they pay for it good and plenty.

When patients will not take advice and persist in attending to life's affairs and eating to keep from growing too weak and being indiscreet in other ways, they usually succeed in losing more time and causing themselves more suffering and expense than necessary.

If laymen can be made to see and understand that typhoid fever is strictly a bowel disease—that it is more liable to develop in hot weather than in cold weather because hot weather favors decay—putrefaction—both outside and inside of the body; and that when this decay starts up in the bowels whether by eating food that is decaying or from

lack of digestive power the food takes on this change after it has been eaten, they will be much more easily controlled, for there are very few people willing to poison themselves when they know that they will do so if they eat under given conditions. Laymen should be further instructed: They should know that when this poisoning is once started that they have a local inflammation of the bowels and if it be aggravated by eating day after day ulceration is sure to take place and the consequences of ulceration are many and fearful. If situated over an artery of sufficient size there may be fatal hemorrhage; walking typhoid has been known to end in this way. The ulceration may open into the peritoneal cavity; this is commonly called perforation, and peritonitis and death will surely follow unless the case is understood and operated upon at once, the cavity thoroughly cleansed and drainage established.

Some people will express surprise that I recommend surgery. Yes, I believe that ten per cent. of the present amount of surgery is probably necessary and humane. In cases of perforation, cases where intestinal ulcer has eaten through all the coats into the peritoneal cavity, are not operated upon, not one patient will get well.

It is unnecessary to have perforation; and no one who knows how to take care of his health and knows how to take care of himself when he begins to feel sick, need ever have typhoid fever

develop beyond the primary symptoms such as I have described above, and for which I have suggested a method of treatment that will surely control them.

Ulceration may not eat, or destroy tissue below the mucous membrane; however, the denudation of this membrane makes an open gate-way into the blood—constitutional poisoning extends very rapidly as soon as there is a break in the continuity of the structure of the intestines. The poison is so great that, when it gains entrance into the peritoneal cavity *through perforation*, death is simply a question of hours—twenty-four hours is a long time; this gives an idea of the virulence of the poison. When the mucous membrane is broken, the poison can not pour into the circulation of the blood as it does into the peritoneal cavity, but it finds the blood much more accessible than when there is no break in the tissue. The lay readers will understand better if I remind them of the necessity of scraping or pricking the arm in the process of vaccination until the skin is broken. The vaccine can not enter unless the skin is broken; however it must not be broken enough to bleed for a flow of blood will wash the vaccine away, the denuding should be just enough to break the skin, or make it raw, so the poison can find access by absorption. Every one knows how dangerous it is to have an abrasion on the hand when poisons are being handled; this

should give the readers an idea how dangerous it is to resort to any measures of treatment that tend to disturb and further irritate the already irritated and inflamed mucous membrane at the beginning of a typhoid fever.

Drugs that stimulate peristalsis, and food that rots and adds to the putrefaction and also stimulates peristalsis, further irritate and inflame and threaten disruption to the mucous membrane, add to the danger of the disease and put the patient's life in jeopardy with every move that is made in this line of practice, the entire medical authority to the contrary, notwithstanding.

When called to see a case presenting the prodromal symptoms, and the patient declaring that he has been troubled for a week or two or three weeks with the usual symptoms, but now he has had a chill, followed with an elevation of temperature to 103° F., pulse 110, bronchial cough, symptoms of pneumonia, diarrhea, tenderness and gurgling in that part of the abdomen usually examined for appendicitis, and a slight pressure over this point will cause a changing of the gas accumulation and as it does so it makes a characteristic noise and there is fulness in the region of the spleen, headache, nose-bleed, and very marked prostration, we have to do with a well marked and fully established case of typhoid fever.

The chill I have always recognized as indicating septicemia. Until the chill and rectal temper-

ature of 103° F., manifest, I have believed the blood free or comparatively free from septic absorption. The symptoms up to this point are those of a nervous character indicating resistance. The chill means that poison—putrefaction—has gained entrance to the blood; either the food was in that state when eaten or because of low resistance or over-eating or both, the ingested food has taken on this change and nature has called out her defenses. *Digestion has been called off!* This truth medical science needs to discover, for when it does the whole field of theory and practice will change much to the comfort and satisfaction of physicians, and it will do away with the present day sick-chamber horrors that rival Dante's Inferno.

I insist that when from any cause decomposition takes place in the bowels the functions of the bowels are suspended. It is a measure of self-defense, and I insist that nowhere in all nature can there be found a possibility of injury without a provision made for defense. Nowhere am I able to find an instance where nature stultifies herself and in this matter of digestion where the possibility of frequent poisoning is imminent, if nature had no measure for protection—if there were not an organized sense of discrimination—a child would not live beyond teething. In fact the majority would die before many weeks, for few children escape having bowel trouble very soon—too

soon—after birth, and bowel trouble means fermentation—the generation of poison—and in our bodies, even when they are so young, the defenses begin to work; the regular functions are suspended until the poison is thrown out and if this suspension of functions is not respected but instead the doctor orders the child fed, the consequence will be that the milk does not digest and of course must feed the decomposition and keep the bowel trouble going until the child is worn out.

The premonitory symptoms of any disease are efforts to get rid of disease—get rid of poison—refusing to absorb an enemy to life and if absorption is suspended secretions must be; hence it is utter folly to put food into the body under such circumstances, for it burdens the organism just that much more—adds just that much more poison, reducing the possibility of escape from systemic poisoning with each feeding; then if an effort is made by the physician to force secretion by giving a drug to act on the bowels all this opposition forces nature into greater efforts at self-protection and as a consequence the patient feels worse and worse; however, as yet there is little fever if any, until the meddling by the patient—in the matter of eating and taking drugs—or the malpractice by the physicians forces a giving way, a denuding of the mucous membrane, which allows the septic poison to gain entrance to the blood. The successful invasion of the septic poison into

the blood is announced by a chill and an increase of the temperature. From this point the fight is against the patient if he is treated by the popular plan; but as we have given that plan up many years ago we don't intend to add one single obstacle to nature's efforts at throwing off the poison; hence we shall proscribe all food and if there is nausea water will be included in that proscription. To get rid of the accumulated and accumulating putrefaction in the bowels an enema of two quarts of warm water should be used morning and night for two or three days, afterwards one each night. If the temperature is 103° F., an icebag partially filled with shaved ice or ice broken very small, making the bag as light as possible, should be kept on the abdomen, and if a folded towel or a layer of cotton be placed between the bag and the abdomen it will be conducive to more comfort. Absolute quiet, first, last and all the time, should be the slogan of every physician who has the best interests of his patients at heart, and if there are relatives or friends who persist in breaking the golden rule of quiet they should be ordered to desist and if they do not obey the physician should in justice to himself quit the case and wash his hands of all responsibility.

It is the duty of every physician to demand strict observance of all instructions and if his orders are not carried out, his next duty is to quit the case, for if he still continues it amounts to a

tacit acquiescence and if the patient dies he is *wholly* to blame.

Everything that is to be prepared for the comfort of the patient through the night must be attended to. The enemas should be given not later than seven o'clock in the evening, followed by a half-hour rubbing and then the lights should go out at eight or half-past eight o'clock, and the patient should be left entirely alone until morning.

To relieve the nervousness, bed tire and muscular soreness common to all fevers a gentle bare-hand rubbing all over the body and especially to the back and bowels every three hours is the greatest remedy for palliating suffering that any physician could possibly adopt, and it has the good qualities of leaving no after effect. All remedies that require a sacrifice in health or power of resistance greater than the relief they give is worth, should be avoided. I know of no drug that will not cost several times the amount of suffering that it is capable of relieving. This is no guess work; the statement does not come from ignorant fanaticism. I was brought up in the drug profession and I discarded drugs only after I was convinced of the truth that *drugs can not cure anything*, and all the relief procured by them costs too much in health and life to justify their use; and if there is a physician on earth who does not believe it, and he thinks it worth the cost of allowing me to prove it to him, I will take pleasure in satisfying

him that every word I say is the truth and nothing but the truth.

The capillary circulation of all sick people is low and in spite of fever there is a strong tendency for them to have cold feet, so it is safe to adopt as a routine measure the ordering of a half-gallon jug filled with hot water to be kept in the foot of the bed from the time the patient takes to his bed until he is well. If a nice, smooth, glazed jug be procured and two or three cotton flannel or outing cloth cozies be made to slip over it, the very best, safest and most reliable foot warmer in the world will be had. The ordinary hot-water bottle is an abomination compared with the jug for this particular purpose, for the rubber bottles have the disagreeable habit of being cold at just exactly the time heat is most needed, namely: at three to six o'clock of a morning. The jug will always be hot if filled with boiling water twice a day and it needs no looking after if care is taken to have a well fitting cork. Keeping the feet warm is so important that it should be recognized as malpractice when neglected. I have seen diseases unnecessarily prolonged because of cold feet, and I know there are chronic invalids, and plenty of them, kept in invalidism who would get well if they would sleep with a hot jug in a well ventilated bedroom for six months.

In health and disease there should be all the ventilation necessary; but in fever cases there

must be at least one full sash opening in the winter and as near out of doors as possible in hot weather. By keeping the feet warm patients will not be cold and if nurses can't stand the ventilation necessary for patients, they must also be provided with foot warmers; for the patients must have pure air all the time and if it is a question of pure air or nurses, take the air and let the nurses go; and if it becomes a question of no fresh air or no doctor, it is to be hoped that the human animal will soon have sense enough to say, "Go, doctor, and come, fresh air." Yes, of course; I know all doctors believe in fresh air and diet and that too much drugging is bad; and some of them even go so far as to say they do not believe in drugs and if the people did not demand them they would not give them, etc. But the drugging still goes on, and the feeding just to keep the patient from running down is continued, and as a consequence at least ten out of every hundred patients die and many, many more are left with sequels that ruin them for life and pave the way for chronic diseases of all kinds.

Oh yes, the profession believes in everything that is good, but its sequaciousness is so pronounced that it can't see anything good outside of recognized authority; and this so flatters the leaders that they interpret the acquiescence and universal approval as proof that what they teach must be true and that further investigation is un-

necessary and superfluous. It is dangerous to give too much weight to approval and applause. It would be well for leaders of thought to always keep in mind one of the fundamental principles governing animal life, namely: its tendency to flock, herd, or gather in droves and then blindly follow the leader without thought or reason. I believe that the reverse of this should be the governing rule in the mental world and I have faith that when man has freed himself from physical domination, he will be free mentally and will individualize, and his mind will then differentiate the potentialities which are now suppressed by auto-physical inhibitions and social dominations.

If a man believes himself right in a matter of experience, he has a right to his belief; and what he says is worth all that one man's opinion can be worth and not any more. If he is, by accident or inheritance, placed before the people in such a way as to magnify his worth and importance and because of this receives the endorsement of one-thousand, ten-thousand or one-hundred-thousand people, and not one of all the number is capable of coming to an independent opinion or giving one reason for his endorsement, the opinion that he holds remains of the same value; it is worth one man's opinion only. Yet what are the tendencies under such circumstances? The opinion is accepted because it is endorsed by a hundred-thousand people; and if anyone should question it he

would be reminded in a sarcastic and knowing way that: "Surely all of the hundred-thousand people who believe it are not fools!" Of course, reason has no show when it is met by such annihilating logic as that, and that is the logic out of which the foundation of every fallacy and superstition is built.

After so long a digression I must return to the treatment of typhoid fever. My professional life has been filled with explanations. It has been my misfortune to think myself out of plumb with regular medicine and in carrying out my plans I have been compelled to explain, elucidate, and demonstrate my work; this has grown such a habit that in writing I find it impossible to simply write a statement of what I recommend and leave it to the mercy of readers whose minds perhaps are not used to such a line of thinking and can't see anything in what I write except the grossest exaggeration or the vaporings of a disgruntled pessimist.

I may be mistaken, but I feel that I must illustrate some of my pronounced differences so that what I write will carry conviction.

I never have been able to understand why intelligent men can not see that food put into the stomach and bowels of those suffering from a disease that is without question due to putrefaction, must take on the putrefactive change, and instead of nourishing them it must add just that much more poison for the system to fight against. This

being a truth that all professional men can prove to their own satisfaction with the first case of typhoid fever they are called upon to treat, there is no reason why this knowledge should not become general and save much wear and tear to the doctors' nerves by relieving them of responsibility, and by relieving those who are sick of unnecessary sickness and by doing away with all the dreadful sequels and fatalities. I know what I am talking about, for I have paid the price that is extorted in unlearning and learning over.

If a case applies for treatment before the chill which announces the successful entrance of sepsis into the blood through the denuded mucous membrane, then, by the adoption of the treatment suggested the system should be cleared up and the patient ready to eat at the end of the first week. The time for resuming food will be known by the disappearance of all the symptoms and a return of good feelings—the patient feels good—that should be the guide. If at the end of one week the disagreeable feelings are not gone, the patient should continue the fast until he can declare truthfully that he feels good.

When a case that has not been septic poisoned lingers beyond a week, I am suspicious of a lack of honesty in following instructions—usually there has been a little eating on the sly—if there should be an increase in discomfort any day after the third day the physician can be quite certain that

his patient is not playing fair with him. If the doctor has eliminated the possibility of kidney derangement and there has been no sex or sensual excitement nor emotional derangement and yet there is an increase of discomfort after the third day, he may rest assured that his patient is unfair and if he denies having eaten, he will be safe in telling him that he belongs to the Ananias Club.

My plan of treatment is the only one that puts the physician in absolute control of the situation. I know just where my patient will be to-morrow, the next day or next week, provided he has followed instructions, and if he does not his blood must be upon his own head.

If the above paragraph falls under the eye of any of the text-book writers, or those who are recognized as leaders, they must either feel surprised, or treat the matter with the contempt that good men feel for liars, or pass it as the babble of an ignorant, irresponsible, *non compos mentis*; but if they will read the following, they will be compelled to acknowledge, if they are honest, that I state a disagreeable truth that ill contrasts with what I said about the certainty of the results following my own ministrations: *I say there is not a physician in the world who treats according to the advice of any or all the best authorities in any or all the different schools of medicine, who knows anything about the results that he will get in the treatment of any given case of disease!*

He can't tell anything about where his patient will be to-morrow when he leaves him to-day and after the disease is developed he has no more idea what the outcome will be than an interested layman and he can't tell to save his reputation whether a given case will develop a complication before it ends or not and he can't tell at the end of the first week—the time he expects the rose spots—whether his case will last one week more or ten weeks more; however, he may know from experience that it will not end in one week, for he never has met with such results.

When what I say about the certainty of my treatment is true, and what I say about the uncertainty of the drug and feeding plan is also true, have I not a right to declare that my theory as to cause is borne out by the results and the certainty of the treatment; and the great uncertainty acknowledged by all writers of medical treatment proves that the standard theories are erroneous.

All cases that have reached the stage of septic chill in a natural way—I mean by natural all those that have gradually come down without any complicating interference, except eating without appetite and continuing to work in spite of bad feelings—should be entirely relieved, fever controlled, secretions and excretions established and be ready for food in from eight to ten days; but if the patient has irritated the bowels by physic and forced an hyperemic state of the blood vessels

of the brain by undertaking to *break the fever* by the use of quinine, it will require from ten to twelve days. If there is much physical exhaustion to begin with—if the case is a young man who has broken down his resistance by lascivious day and night dreaming—it may require twelve to fourteen days and the convalescence may be very slow. These are the types of cases that furnish the drug-treatment its greatest mortality. A treatment such as reported under the head of “Typhoid in Kansas” will kill the majority of such cases.

In handling desperate cases—and let me repeat that there are none except as they are made desperate by treatment—implicit confidence can be placed in the suggestions and treatment outlined above either for the formative symptoms or the established cases. Nature has been outraged, but if not too far—to the point of dissolution—she will respond kindly to gentle treatment.

I think there can be no other achievement in the world that equals, in bringing to the heart unspeakable felicity, the giving of hope and the throwing out of the life line to the desperately sick after all hope is supposed to be abandoned.

After a case has been reduced to the last extremity and every known supposed-to-be-remedy has failed—after friends and physicians have seen the loved one, perhaps a mother, a father, a brother, a sister, an only child, or perchance a

sweetheart—fail to respond to a last resort, the suggestion of desperation—the last consultation is held, the last hope—life—is flickering, threatening extinction; I would like to be called at this moment just in time to dash the last proffered swallow of nourishment to the floor, or stay the hand that is raised to administer the *coup de grace* in the form of a last hypodermic of strychnia under the terrible delusion that the drug will stay a heart that is threatening collapse from the effect of repeated doses of the drug and not as the drug-crazed profession believes, from the effect of the disease; and in answer to the protest that the patient will positively die unless the nourishment or drug is given, to say that *exactly the reverse* is true. If there is a hope in the world it must come from *rest*—rest to heart, rest to body from head to foot—rest of eyes from drugs, and rest of stomach from a food that has been building disease from day to day; for a patient in such a state has no more digestive power than the vessel from which food is administered. *Rest* the patient must have and *by the eternal*, if I am called, *rest that patient will get* if I camp by the bedside until all danger is past!

Nurses will be instructed to pass silently about the room; friends shall not see the patient, if to do so will cost the patient the effort of recognition; drugs, bottles, boxes, glasses, everything pertaining to the *damnable drug-superstition* will

be silently sent out of the room. In place of them there will be a bouquet of beautiful flowers, and any odor of drugs or disinfection will be exchanged for the patient's favorite perfume. I have never yet been called to see such desperate cases when I have not found chaos. While the room is being made inviting the same transformation is being wrought in the faces of all belonging to the household. Friends are assured that so long as there is life there is hope, provided all killing influences are removed. That so long as the patient is left absolutely to nature there is hope and with this case, the fact that the patient has fought so long and so bravely the *artificially created disease*—that the heart has continued to live and perform its function in spite of those often repeated shocks—I assure them that this fact gives hope if we avoid any further shocks and that positively there can be no hope from any other source. All reasonable assurance is given and explained so that all concerned know just what to expect. It is the suspense—the great *uncertainty* of *professional ignorance* that creates frenzy under such circumstances. I find that poise always follows a full explanation of what can be expected and what not; after which the psychological atmosphere clears and becomes hopeful and restful; if not hopeful, it is resigned and peacefully self-possessed.

The patient is to be handled very carefully.

Pillows are to be changed with every disturbance; at the same time water is to be offered. I never allow my nurses to ask a question. When the patient is restless, all needing to be done is to be done then, quickly and without excitement, and then quiet is to reign until the patient breaks it, then water is to be offered, the back, if it is presenting, is to be rubbed, if not, the abdomen. The rubbing is not to be heavy handed. A nurse with a heavy hand should go to the wash tub; at least, her place is not in the sick-room. A gentle rotary movement with a light, but firm pressure with the ball of the hand at the root of the thumb, is the proper movement.

If the weather is hot and the temperature high, cool to cold sponging on the spine followed by rubbing is indicated. This is to be repeated as often as every three hours, always waiting for the patient to become restless. If the temperature is not high, hot water to the spine is best, followed with rubbing. If the temperature is 103° F., or more, use cold wet towels to the abdomen or a light ice bag as suggested above. If the temperature is below 103° F., hot towels and hot bags are to be used. Moisture, either hot or cold, is to be kept to the abdomen as long as there is a trace of the disease. The hot jug to the feet must never be neglected.

The bowels are to be washed once or twice a day with warm water enemas. The symptoms

must govern the frequency. Always one enema a day until there is no need, and the indication of need is fever. So long as the temperature is 100° F., and over the enemas must be used once each day. Never allow such patients to exert themselves. They must be lifted and the bed pan placed under them.

When the symptoms are all ameliorated, the tongue is cleaning, the temperature is declining and the patient, without doubt is clearing up in every way, fruit juice can be given occasionally. Lemonade is all right, or lemon split, which is lemon juice (half a lemon), sugar in moderation, and shaved ice enough to fill the glass, then add sufficient Apollinaris water to fill the interstices in the glass of ice, then allow the patient to sip it slowly through a straw. Positively no food until the temperature is normal and secretions established. If this is adhered to without deviation, the patient will convalesce rapidly and satisfactorily. There can not be a relapse nor complication, nor sequel if all cases are handled in this way.

To see one case called back after it has been driven to such an extreme by so-called scientific medicine is enough to compensate for all the abuse I have had from the profession, laymen, friends, family, and self, because of my inability to join with them in enjoying the peace, quiet, luxury and good will that accompany friendships bound to-

gether by the harmony that comes from mutual sympathies flowing from like opinions. I not only have been opposed by everybody, but I have opposed myself. I have had dark hours when I have questioned my own sanity. About all the comfort I have had so far as receiving endorsement of the principles I have struggled to establish is concerned, has been the consciousness of absolute honesty of purpose.

Varieties and Complications: Authorities give varieties, but, to my mind, they are all much the same, deviating only as environment and treatment effect the change.

Authorities give one variety which they call typhoid with intestinal lesions. There can't be a typhoid without the bowel lesion, for it is a septic disease and the sepsis must enter from the intestines, otherwise it would be another kind of septic fever; for illustration, when sepsis enters from the womb it is puerperal septicemia.

Another type is typhoid with general septicemia. There can't be two varieties of septicemia. Typhoid fever with intestinal lesions without septicemia is as impossible as to talk about a fever without an elevation of temperature. It is impossible to have a lesion without septic poisoning and unless there is septic poisoning it is folly to talk about typhoid fever.

Then the third variety is given as that form

where there are other organs involved, such as lungs, spleen, kidneys, etc.

These varieties need not be treated differently from the regular type. Those having a lung symptom may have a local application of cotton saturated with oil, made slightly warm with cap-sicum; retain it by bringing a towel over all so as to keep it from slipping down. What shall be done with the cough? Quit building it by feeding and it will soon go away.

There are cases troubled with retention of urine. Such a condition may be suspected if there is a tendency for a little urine to pass all the time. Percussion over the bladder should clear up the matter. If this symptom is overlooked it may cause the death of the patient. A soft rubber catheter, after being cleansed thoroughly and the mouth of the urethra cleansed also, should be oiled and passed into the bladder. The operation should not be painful and when needed it gives wonderful relief. The operation should be performed at least twice in twenty-four hours until the patient has no further need of it. Don't forget the necessity of being very cleanly with the catheter. Carelessness in this matter may start up cystitis—inflammation of the bladder.

There is no danger whatever of complications when cases have been treated according to my plan, but they are developing all the time under

the regular practice and it is well to know what to do in the premise.

Bed sores never come to patients except those poisoned by food. They should be carefully cleansed; and a hollow or ring pad should be used made of linen stuffed with cotton and retained with surgeon's adhesive plaster. When these patients are taken away from food and drugs they will improve daily unless they are too far gone to rally.

There are so many varieties of complications that I do not think it worth while to mention them, for they will never be seen except in company with the treatment that generates them.



CHAPTER XI.

Feeding: When the patient is free from disease, the first day's feeding will be fruit, cooked or raw; allow the patient to select to suit himself; use any fruit except bananas, figs, dates and raisins. Baked apples with sugar and milk, half cream, for breakfast. Oranges, berries or plums, the sweet varieties, for the noon meal, and pineapple for the evening meal. If everything passed off well and the three fruit meals agreed, the second day can be started on baked apples or berries with enough sugar to make them pleasant and follow the fruit with a glass of milk; the milk must be eaten a sip at a time. At noon, a cup of mutton broth with a dish of salad—lettuce and tomatoes, a very little salt and olive oil or salt and sour cream or salt and sugar. The evening meal, two ounces of well cooked rice eaten with a little salt and butter, followed with a glass of milk. The starch must be thoroughly insalivated before it is swallowed, for if it is not it will cause gas.

The third day if everything has been going well a soft boiled egg with toast and butter. Each morsel of toast must be thoroughly liquified in the mouth. Dress the egg with salt and butter. At noon, one or two cooked vegetables, any except

potatoes, dry beans and peas. With the cooked vegetables, a salad similar to the one suggested above or one made of lettuce and strawberries or pineapple, or any other fruit with lettuce, dressing it with sugar. The evening meal, fruit—pineapple or berries with a cup of egg-custard made without starch.

Fourth day: Morning, fruit, cottage cheese and a glass of milk, either sweet or buttermilk. Noon, small steak, one cooked vegetable as recommended the day before and a salad of lettuce, tomatoes, cucumbers and a little onion. Dress with salt, olive oil and lemon juice. Evening, rye bread forty-eight hours old, butter and one or two glasses of buttermilk.

Fifth day: Breakfast, corn bread and two soft boiled eggs and a glass of milk. Lunch, fruit and ice cream, or a plain cake with ice cream. Dinner, baked potatoes, string beans, asparagus and beets, and a salad of lettuce and watercress with a little onion; dress with salt or leave the onion out and dress with sugar and cream.

Sixth day: Breakfast, a berry and lettuce salad with milk. Dinner, chicken stew, rice, dressed with chicken broth, and a salad with tomatoes left out. Supper, ginger bread, custard and milk.

Seventh day: Morning, white flour biscuit made thin and baked thoroughly, butter, honey

and milk. Noon, steak, beans, onions and a salad. Night, plain cake and ice cream or a cup of egg-custard.

From this time on the patient should be able to eat, selecting and combining as above suggested.



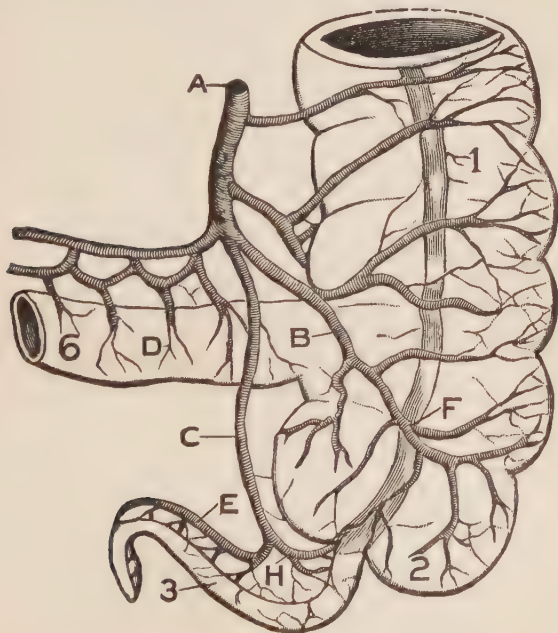
THE ROAD OF ILL HEALTH

To understand the cause of appendicitis we must go back to the beginning, and when we do we find that it starts just where all diseases start, namely, *where health leaves off!* When the laws of health are broken for the first time, it can be said that the individual has started on the road of ill health. How fast he will travel and just what will be the character of the disease he meets with will depend upon his constitution, inheritance, environment and education.

APPENDICITIS

CHAPTER I.

This cut represents the back view of the cecum, the appendix, a part of the ascending colon, and the lower part of the ileum, with the arterial supply to these parts.



“A, ileo-colic artery; B and F, posterior cecal artery; C, appendicular artery; E, appendicular artery for free end; H, artery for basal end of appendix; 1, ascending or right colon; 2, external sacculus of the cecum; 3, appendix; 6, ileum; D, arteries on the dorsal surface of the ileum.”—Byron Robinson.

The reader will see how very much like a blind pouch the cecum is, 2. The ileum, 6, opens into the cecum, all of the bowel below the opening being cecum, the opening of the appendix, 3, is in the lower part of the cecum.

The arterial supply to these parts is great enough to get them into trouble in those people who are imprudent eaters, and it is also great enough to save the parts when diseased if the patient has the proper treatment.

For the benefit of the lay reader I will say that the blood-vessels represented in the cut are the arteries; there are also veins, nerves, and lymphatics imbedded in the folds of the peritoneum, accompanying and paralleling the arteries, but they are not shown in the cut.

The peritoneum is the lining membrane of the peritoneal cavity. It is well to remember that there is nothing in the peritoneal cavity except a little serum. The layman will say that the bowels are in this cavity, but they are not; they project into the cavity, and their outside covering is the

lining membrane of the peritoneal cavity, but they are truly on the outside of the cavity, and to enable the layman to understand the anatomy so that he can apply it when reading of the disease, I shall describe the course of an ulcer: If an ulcer starts in the bowel it first eats through the mucous coat which is the lining membrane of the bowel, then through the submucous coat, which is the second layer or coat of the bowel, then through the muscular coat, which is the third layer of the bowel; this brings the ulcer to the serous coat or peritoneum. When the peritoneum is eaten through it is called perforation, for it means that there is an opening into the peritoneal cavity, and, unless the cavity is cut into, cleaned and properly drained, death will take place in a very short time. I say death is inevitable without surgical treatment. In this I appear to be more radical than the most radical, for the best authors have much to say about perforation, diffuse peritonitis, and of patients who live after perforation, as though it were a common occurrence; I say they are mistaken.

CHAPTER II.

History: Appendicitis did not become popularly known until about twenty years ago—not till it was christened and baptized in the blood of the surgical art. Of course the appendix has always been subject to inflammation, just as it is now, but in former years the disease we call appendicitis bore various names, depending upon the diagnostic skill of the attending physician. Typhlitis and perityphlitis were the names used to designate the disease now covered by the word appendicitis.

The diseases that appendicitis may be confounded with and must be differentiated from are obstruction, renal colic, hepatic colic, gastritis, enteritis, salpingitis, peritonitis due to gastric or intestinal ulcer, enterolith, obstipation, invagination or intussusception, hernia, external or internal, volvulus, stricture and typhoid fever.

The old text-book description of typhlitis and perityphlitis is so similar to the description of the present day appendicitis that it is not necessary to reproduce it. The symptoms given show conclusively that they are really one and the same.

In the surgical treatment of appendicitis the American profession has taken the lead, and the

mention of this disease brings to mind such names as McBurney, whose name is given to an anatomical point—McBurney's Point—midway between the right anterior superior spine of the ilium and the umbilicus, Deaver of Philadelphia, and Ochsner and Murphy of Chicago. Those who are interested in the surgical treatment of the disease can look into the methods of these men, and many others. The medical literature of the day abounds in exhaustive treatises on the subject of appendicitis and its surgical treatment.

We are living in an age that will not be properly recorded unless it be entered as *The Age of Fads*.

Following immediately on the announcement of Lord Lister's antiseptic surgical dressing which rendered the invasion of the peritoneal cavity comparatively safe, came the laparotomy or celiotomy mania. When it was discovered that opening the abdomen was really a minor operation, it was soon legitimatized by professional opinion, and rapidly became standardized as a necessary procedure in all questionable cases—in all obscure cases of abdominal disease—where the diagnosis was in doubt. The result of popularizing and legitimatizing the exploratory incision, was to cause those who failed to resort to it, in doubtful cases, to be in contempt of the court of higher medical opinion, and to license those of a reckless, selfish, savage nature to play with human life in

a manner and with a freedom that would make a barbarian envious.

The wave of abdominal operations that swept the country in the last quarter of the nineteenth century was appalling. The slightest pain during menstruation, or in the lower abdomen, in fact every pain that a woman had from head to toes was put under arrest and forced to bear false witness against the ovaries. It was a very easy matter to trump up testimony, when real evidence was embarrassing, to foregone conclusions; hence pains in obscure and foreign parts took on great importance when analyzed by minds drilled in the science of nervous reflexes, sympathies and metastases.

Normal ovariectomy (removing normal ovaries for a supposed reflex disease) swept the whole country during the eighties and threatened the unsexing of the entire female population. The ovaries had the reputation of causing all the trouble that the flesh of woman was heir to. Oöphorectomy was the entering wedge, since then everything contained in the abdomen has become liable to extirpation on the slightest suspicion.

Those surgeons of greater dexterity or savagery, I can't tell which, prided themselves in operating on the more difficult cases. Taking the ovaries out was a very tame affair compared to removing the uterus, tubes and ovaries; hence the surgical adept embraced every opportunity for an

excuse to remove everything that is femininely distinctive.

About 1890 appendicitis began to attract the attention of those surgically ambitious. The ovariectomy or celiotomy expert began to feel the sting of envy and jealousy aroused by those who were making history in the new surgical fad—appendicectomy—and they got busy, and, as disease is not exempt from the economic law of “supply always equals demand,” the disease accommodatingly sprang up everywhere; it was no time before a surgeon who had not a hundred appendicectomies to his credit was not respected by the rank and file, and an aspirant for entrance to the circle of the upper four hundred could not be initiated with a record of fewer than one thousand operations.

Thanks to the law of supply and demand the ovaries retired and gave women a much needed rest. If they had continued to misbehave as they had been doing before the appendix got on the rampage, the demand for surgical work would have exceeded the supply of surgeons. Diseases of all kinds are very accommodating; as soon as a successful rival is well introduced they retire without the least show of jealousy, showing that they are not strangers to the highest ethics, their associations to the contrary notwithstanding.

There are many well written articles on ap-

pendicitis, but I believe the monograph by A. J. Ochsner, M. D., is decidedly the best, and when I refer to the best professional ideas on etiology, pathology, symptomatology and treatment I have in mind the opinions set down by Ochsner, for he has taken more advanced grounds in the medical treatment of this disease than any other physician I know anything about in this or any other country. If his "A Handbook on Appendicitis" brought out in 1902, had come out three years before, I should give him credit for being the first man on record to proscribe the taking of food in appendicitis, but as my first written advice on the subject was in the July, 1900, number of A Stuffed Club, two years before his book, I shall give myself the credit for being the first physician to announce to the world *the only correct plan of treating the disease and suggesting the probable cause*, which the intervening time has proven to be correct. The only reason I have for making this announcement is that in all probability no one else will ever do so, and, as it is just and right that I should have the credit, I do myself the honor. The general rule is that if a new method of treatment comes out, or a discovery of importance is made other than in the regular professional channels, it will either be ignored or adopted (cribbed is more expressive) and no credit given. This is a small matter, and of no special consequence, yet it carries a meaning.

Previous to 1890 the most popular treatment was probably the giving of opium; although this was far from ideal, "it had the advantage of taking away the patient's appetite, relieving pain, and putting the bowels to rest."—Ochsner. If there were any way to prove it, we should find that next to surgery opium is still the most popular way of treating the disease.

To-day there is no other disease which brings surgery so quickly to mind as does appendicitis, especially if the victim can stand for a good, large fee. It is only human, I presume, for surgeons to defend the operation. They believe in it, and are not willing to investigate, for they are satisfied. They know, or should know, that ninety per cent. of all the surgery practiced to-day has no excuse for its existence—no more right to be protected by the laws that weld society together than has any other graft that exists by the grace of public ignorance and credulity. This operation has for some time been the largest single item of revenue for the profession.

Thirty-four years ago I was called in consultation to see my first case of what was then generally recognized as perityphlitis or typhlitis—inflammation of the connective tissue about the cecum. It was a typical case of what is today called appendicitis. I advised the doctor to cease his fruitless endeavors at securing relief by giving drugs, and give the patient nothing but water.

As I remember now, it took about four weeks for this patient to recover. This plan—positively nothing but water—has since been a part of my treatment in all such diseases.



CHAPTER III.

Etiology: To understand the cause of appendicitis we must go back to the beginning, and when we do we find that it starts just where all diseases start, namely, *where health leaves off!* When the laws of health are broken for the first time, it can be said that the individual has started on the road of ill health. How fast he will travel and just what will be the character of the disease he meets with will depend upon his constitution, inheritance, environment and education. I do not mean by education, school or book education; I mean intuition—that knowledge which evolves from home life and habits. I mean, has he any self-discipline? Does he know anything about self-denial? Has he any conception of a control higher than impulse? Has he been brought up to know that there is a limit to the gratifying of wants and desires beyond which, if he goes, he must make good with laws that are as exacting as they are invariable? Does he know that nature shows no favoritism? Does he know that there are laws regulating his intercourse with men—with everything—that exact absolute justice from him? And that, if he takes advantage of weakness or ignorance because he can, or if he secures

an advantage through credulity or trickery, he must settle for the crime before a judge who is absolutely just? If he has this education, which is a constitutional ingrafting from the mother's blood, fructified by a like potential father, he will be almost immune from all diseases. This is an education that can not be secured unless the individual has the prenatal and enviroing influences to differentiate these static attributes of his nature, and, if he has, the result will be that all these qualities will come to him because "like attracts like." In an atmosphere where others attract evil this individual attracts good. The same is true on the physical plane. Those who have diseased bodies always have disease making habits, hence they attract from a given environment all the disease making impulses, while those of healthy bodies have health imparting habits, and attract from the same environment the health impulses for which they have an affinity.

The constitution, inheritance and education of all mankind will vary from the highest to the lowest types. As we go down the scale from those with ideal physical and mental health, we see man becoming more and more the victim of disease.

It is no uncommon thing to find people of seeming intelligence who appear surprised when told that they have brought upon themselves such a vulnerable state of health from wrong eating and care of their bodies that they are in line for

appendicitis, pneumonia, typhoid fever, bowel obstruction, or blood poisoning. In such types blood poisoning would surely follow a complicated fracture of a bone—a fracture where the ends of the bone cut through the flesh causing an open wound.

Pregnant women belonging to this class go into confinement with their blood so heavily charged with the by-products of an imperfect metabolism that they are very liable to have septicemia.

People who think they must have “three square meals a day” must have catarrh, rheumatism, tonsilitis, quinsy, pneumonia, typhoid fever, and all sorts of bowel trouble including appendicitis. Why? Because three meals a day consisting of bread, potatoes, eggs, meat, fish, butter, milk, cheese, beans, etc., overwork the metabolic function and as a consequence organic functioning is impaired, cell proliferation falls below the ideal, bodily resistance falls lower and lower, the intestinal secretions lose their immunizing power more and more, until at last the body becomes the victim of every adverse influence. At first fermentation — indigestion — shows occasionally; the intervals between these attacks of acid stomach, or fermentation, grow shorter and shorter until they are of daily occurrence; accompanying this fermentation there is gas distention of the bowels, and this inflation in time interferes

with their motility and weakens them so that sluggishness is succeeded by obstinate constipation.

Every step of this evolution shows an increasing toxic state of the fluids in the bowels. After constipation is established the efforts at securing evacuations are of such a nature as to irritate the cecum. Drugs to force movement cause painful distentions of this portion of the bowels. The drugs stimulate peristalsis of the small intestine; each wave from the small intestine breaks on the walls of the cecum, for the colon is loaded with fecal accumulations so that the onrushing contents of the small intestine can not be received by the colon; hence the force of the whole peristaltic impact is spent on the cecum, which must endanger the integrity of the mucosa as well as the musculature.

This point of the bowels, the cecum, is more endangered from diarrhea than any other. The toxic ptomaines are especially liable to create a local infection if nothing more.

This state of the intestines—toxic state—is a constant menace to health; in fact the organism is heavily taxed to maintain its defense.

The overcrowding of metabolism, as explained above, the chronic constipation and toxic bowel secretions, I recognize as the chief factors—the necessary and leading factors—in the building and maintaining of that constitutional state which I am pleased to denominate *Constitutional Ca-*

tarrh. When this state is established, it can be said that the individual is ready to develop any phase of disease that circumstance, accident, or caprice of fortune or environment may offer.

The constant presence of gas in the bowels becomes more and more menacing to the cecum as the constipation increases. The filled-up condition of the bowels—the colon and rectum—prevents the easy passage of gas from the bowels; hence it accumulates in the ileo-cecal region and keeps the cecum distended.

The constant dilating of the cecum from gas accumulations and the forced dilations from diarrheas made either from drugs or irritating foods, must not only damage the cecum but the appendix as well; for the appendix opens into this part of the intestine and it is reasonable to believe that it suffers distention from gas and that toxic secretions are driven into it. When its function is not interfered with by an unusual pressure as from constipation, no doubt it can empty itself and does do so.

When it is understood first of all that appendicitis—the inflammation known as appendicitis—is a local manifestation of a general or constitutional derangement, the cause for this local manifestation may be taken up.

In order to understand why the disease localizes we must refer the reader to the peculiar anatomical construction of the cecum and the ap-

pendix, and their relation to other parts. The cecum is a large, blind pouch, one of the shortest of the several divisions in the continuity of the intestinal canal, which begins where the small intestine ends, and ends where the large intestine begins. Its blind end or pouch is down; this dependent position makes it peculiarly liable to impaction and the injuries which are disposed to come from distention; for, as the colon ascends from its connection with the cecum, the force of gravity must be reckoned with.

The colon is very liable to be more or less distended with accumulations, and especially is this true of those of sedentary habits, for a call to evacuate the bowels is frequently postponed.

This postponing of duty to nature has evolved, in all these years of civilized life, a weakened functioning so that man is more subject to constipation than any other animal. The bowels are educated to tolerate a great accumulation and the pretty general habit of taking drugs to force action has grown a weakened state which is the natural sequence of overstimulation and as this has been going on generation after generation it has become more or less transmissible.

The cecum, situated as it is, must bear the brunt of the evil effects of constipation. When the large intestine is full or distended, as it usually is in cases of chronic constipation, so that nothing can pass out of the cecum this organ be-

comes a jetty head, so to speak, against which the peristaltic waves from the small intestine break. The full force of the peristaltic waves from the small intestine with its onrush of fluid or semi-fluid contents subjects the cecum to great distention and strain.

If there were any way to prove that so-called appendicitis is more common to-day than in former times, it is reasonable to believe that the irritating effect of the pretty general habit of taking cathartic medicine has had more to do with bringing it about than any other one thing.

Distention, with the straining of the walls from peristaltic onrushes as described above, and the infection that this part of the alimentary canal is subjected to because of the decomposition of food that is going on to a greater or less extent in all victims of constipation, are the causes of inflammation in the cecum. If the inflammation involves the appendix or the cecal location of the appendix, it may be called appendicitis, but the appendix is involved the same as any other contiguous part. Any mind capable of reasoning should have no trouble in rightly assigning the responsibility of this disease, if sufficient attention be given to anatomism.

There is not any very good reason for one capable of analyzing, to jump at the conclusion that the appendix is the cause of the disease because it is frequently found in the field of inflam-

mation. The same reasoning would make Peyer's glands the cause of typhoid fever.

The unwholesome condition of the intestinal tract which is the immediate or exciting cause of appendicitis and other diseases peculiar to this location, is brought on by improper life; not one cause, nor a dozen special causes, but anything and everything that break down the general health create this condition; then add the accidental eating of decomposition, or add decomposition, auto-generated, and we have the necessary data.

The opening of the appendix is so very small that inflammation of the cecum soon closes it and then we have a mucous surface without drainage, which means obstruction—opposition to the requirements of nature—for one of the functions of the mucous membrane is to secrete and this secretion must have an outlet or the part becomes diseased.

According to the theory of bacteriology a micro-organism is to blame for appendicitis. If this were true it would relieve humanity of all responsibility. There is a disposition on the part of man to shirk responsibility and the germ theory is not the first theory of vicarious atonement that he has spun. Those who wish to shirk all kinds of responsibility by adopting the germ theory and by making micro-organisms the scape-goat may do so, but I would advise all sensible people to

keep in mind the following truth: *Violated hygienic laws predispose to disease*; then, when resistance is broken down, the immediate and exciting cause may be anything capable of laying on the "last straw."

The micro-organisms are present wherever there is life and are as necessary to life as they are to death.

Ochsner states that in nearly all instances the disease can be traced to the common colon bacillus, which is always present when the intestine is normal. The three pus cocci are sometimes blamed, and so are the bacilli of typhoid fever, tuberculosis and the ray fungus (so-called cause of lump-jaw.)

Other causes given are: Edema and congestion closing the lumen of the appendix, thus preventing drainage; constipation; digestive disturbances; traumatism; eating too freely while in an exhausted condition.

"Whatever the predisposing causes may be in any given case, the exciting cause is always some infectious material. The colon bacillus is always present in the lumen of the alimentary canal and, although it is harmless under normal conditions, when these conditions are changed and there is an abrasion, an abnormal condition of the circulation, or a lack of drainage, it becomes at once actively pathogenic. With a perfectly normal peritoneum a considerable quantity of a pure culture

of colon bacilli may be injected into the abdominal cavity without causing any harmful effect, as has been shown by the experiments of Ziegler, but if there is any disturbance in the circulation or nutrition of the peritoneum, the same quantity taken from the same culture will give rise to a dangerous peritonitis."—Ochsner. [This goes back to the constitutional derangement. First of all low resistance, then any exciting cause is sufficient.]

In studying the cause of organic disease, the first thing to consider is the organ itself. A knowledge of its structure and function will indicate what diseases it is liable to have—what the character of the disease must be.

Reason would say that an organ can be deranged in two general ways, namely: structurally and functionally. In a structural way it may be impaired either by coming in violent contact with extraneous objects, or it may be crowded or pressed upon by enlarged or displaced associate organs. In a functional way the derangement may be brought about from overwork or underwork. A digestive organ may be overworked by being given too much food, or food of too stimulating a quality; or the over-stimulation may come from poisons coming into the food from without or developing in the food after its ingestion. The bowels may be injured by coming in violent contact with external objects. When this

is the cause there will be the history of accident, etc.

The functions of the bowels are to furnish a dissolving fluid which is secreted by glands situated in their structure and opening into their lumen; besides the secreting glands they are provided with power to excrete and absorb. The organs for the accomplishment of these purposes, like the secretory glands, are situated in the structure and open into the canal. Besides the functions of secretion, excretion and absorption, the bowels act as the great sewer of the body.

The dissolving fluids, or digestive fluids, have the power to overcome fermentation when the general health standard is normal; when the tone of the general health is lowered these digestive juices are lacking in power; hence they are not able to control fermentation if food be ingested to the amount usually taken in health. The power to oppose fermentation by the digestive juices ranges all the way from nil to the resistance usual to a man of full health and vigor.

It being the function of the bowels to digest food and overcome fermentation, it stands to reason that to accomplish this function they must be normal—they must have a proper supply of nerve force—and the supply of nutrition must be normal or they can not furnish the proper amount and quality of secretions. To have all these needs supplied they must be reciprocally related to

every other organ associated with them in the organic colonization which totals a human being.

On account of the reciprocal relationship between the bowels and the rest of the colony of organs, the bowels must share alike; that is, in the matter of distribution of forces no organ of the body can be favored; all must go up and all must come down together. They must all share alike; hence the bowels have their share of the general tone and, if they are required to do more than a reciprocal amount of the work, it stands to reason that they can not do good work; and, if they can not do good work, the whole colony must suffer in a general way, while the bowels must also suffer in a special way. The function of drainage or sewerage is very important, and the perversion of it brings on much ill health. The principal perversion to the function of sewerage is that of constipation, the location of which is limited to the lower portion of the large intestine, a section of the canal least endowed with digestive and absorptive power.

The result of overwork is depression—exhaustion—prostration; and what does that mean to an organ? Is it possible for an overworked organ—a depressed organ—an exhausted organ—a prostrated organ—to function normally? Is it reasonable to believe that an organ that is inflamed can function properly? Such questions are absurd, I acknowledge. Questions that carry fore-

gone conclusions on the face of them write the questioner down an ass, which I also acknowledge. But I desire to rebut the inference these questions reflect on me by making a few requests which show that there is a lot of professional reasoning based on that sort of logic which justifies my childish, senseless questions.

Show me a physician, or if you can not show me one, give me the name of a physician who does not feed children in cholera infantum. I want to know a few physicians who do not feed in typhoid fever. I should like to make the acquaintance of a few physicians who do not feed in appendicitis until the disease is made desperate, and who do not begin to feed long before it is safe to feed.

In all diseases where there is fever, in all diseases where there is pain, *nutrition* is *suspended*—metabolism is stationary. I wish some one would be kind enough to inform me of an M. D. who does not feed patients suffering with pain and fever.

If the inferences these requests carry are true, has the personnel of the profession any right to treat my questions with contempt and declare that they are childish?

No! Diseased organs can not function properly and it is absurd, yes worse than that, it is criminal to feed under such circumstances. The result of feeding is the prolongation of disease by building it afresh with every spoonful of food.

I say that every relapse and every complication that have ever occurred in any disease being treated by any physician from the top to the bottom of the profession, even if the treatment was the very best that could be furnished by the highest skill in any of the drug-systems, if said treatment consisted of drugging and feeding, were brought on by the treatment.

All diseases of the alimentary canal, not of a traumatic origin or from the accidental or intentional swallowing of corroding chemicals or from the continuous use of drugs on the advice of physicians, come from infection or intoxication. Why not? This is the most reasonable cause, for the fecal matter in health is toxic and it only requires one step further to sufficiently intensify the putrefactive change to create irritation of the mucous membrane. Of course there is a degree of immunization taking place all the time. Many people have themselves inured to the constant saturation of fecal intoxication. It is true they are building a large toleration for that particular poison, but their general vital tone is being lowered continually and somewhere and in some way there is a deposition taking place. In women there may be an old cicatrix in the neck of the womb or a lump in the breast; the circulation has been impaired for several years and now because of the overstimulation that has been going on so long, there is a greatly enfeebled circulation and

deposits are taking place. The tumor in the breast becomes cancerous; the scar in the womb takes on malignancy; the arteries harden; the circulation in the spinal cord becomes so impaired that induration is induced followed by ataxia; and other troubles of a like character could be mentioned. These are the most favorable results for, while these cases are winding their weary, sluggish course to the land of rest, there have been many taking the rapid transit.

I wish to emphasize the fact that one of the constant symptoms peculiar to this class of inebriates is constipation. As a class these people carry very large quantities of fecal matter in their lower bowels. This constantly loaded condition of the lower bowels is relieved occasionally by a sharp, irritative diarrhea, accompanied by nausea and vomiting or not. The diarrhea is often preceded by a few hours of acute pain that causes some talk of appendicitis and operation but, much to the discomfiture of the doctor, the bowels start up and relieve all suffering.

A few of these cases develop a chronic colitis. The bowel discharges are more or less coated with catarrhal secretion. Not all are constipated; obstinate diarrhea is the character of some; there are here and there a few cases that throw off a membrane two or three times a year, often in appearance like a cast of the lumen.

Enteritis, entero-colitis and dysentery are

different forms of bowel troubles that cause much uneasiness, for it is such a common matter to call everything appendicitis, and if the patient is credulous and gullible he may be operated upon even if his disease is a proctitis or a case of gas in the bowels.

It is no uncommon thing for a case of obstinate constipation, accompanied by colic, to be operated upon for removal of the appendix if the pain is obstinate and hangs on long enough for the patient to be scared into an operation. The pressure from constipation and the constant strain on the cecum render this particular section of the bowels liable to take on local inflammations.

The recognized literature of the day attributes all infectious diseases to germs or micro-organisms. That all diseases originating in the alimentary canal are due to infection there can be no doubt, and all agree, but I do not agree with the prevailing opinion that germs or micro-organisms are the primary cause of infection, for that theory is not sufficient; it can not possibly cover the ground and account for everything that takes a part in the great array of causations that must be considered. To my mind it would be just as reasonable to say that germs cause health, and I defy any bacteriologist to prove that micro-organisms cause disease any more than they cause health; and if he can't prove that germs are more pathologic than they are physiologic, but does

succeed in proving that they are equally important to health and to disease, we can agree to that equal importance and should be able to go on agreeing and declare that if germs are the cause of disease they must also cause health and it is our duty to spend at least a part of our professional time in cultivating health germs. In fact it would be much better to spend all our time in cultivating health germs and insisting on people being inoculated with the serum from these germs so that there will develop such a state of health that the disease germs will have no show.

How can a sane man forgive himself for advocating inoculation by disease germs to cause immunization when by the use of health germs the health could be built so strong that the pathogenic germs would have no show. If this theory won't work both ways it is a false theory, and professional men, who should be logical if any set of men are logical, should be ashamed to advocate any theory that is based upon a half-truth.

As I stated, the structure and function of an organ point to its possible maladies. The cecum is the gate-way between the large and small intestines. Its function of passing the contents of the small intestine into the large is obstructed much of the time. It is constantly subjected to bruising, pressure, stretching, and obstruction, and is, therefore, more liable to be the seat of local inflammations than any other part of the bowels.

Diseases of this part of the bowels are liable to come at any time of the year; but in hot weather the tendency to fermentation is much greater than at other times of the year, and bodily resistance is reduced because of the enervating influence of the heat, of too long working hours, and of too short nights for sleep, and of the ever-present, omnipotent and omniverous appetite which is taking into the stomach and bowels food beyond the digestive capacity both in quantity and quality; all these join in intensifying the habitual toxicity of the bowel contents to such a state of virulence that those parts of the bowels already weakened, because of the mechanical injuries before referred to, take on a local inflammation. Diarrhea may be the consequence and the bowels may have a thorough cleaning out and the whole trouble end in a few days. Or the constipation may be of a nature that evacuations, such as the patient has been having, have been passing through the center, leaving a coating on the lumen, but hollowed out in the center. When the inflammation starts causing increased bowel contractions—peristalsis—there is a breaking down of the walls of this fecal ring resulting in complete obstruction. The ineffectual bowel contractions then serve to irritate and inflame the affected part still more. The local inflammation is at first superficial but the increasing toxicity of the fluids that are held on these parts causes the inflammation to take on ulceration.

The inflammation or ulceration may remain superficial, and be located in the lower portion of the small intestine, then the disease is enteritis. If the bowels are cleared out and the patient's blood freed from intoxication, the attack ends; if not the disease will be called enteritis or catarrh. If the infection is a little greater and extends a little deeper causes inflammation of Peyer's glands then the type of the disease will be typhoid fever.

Children troubled with constipation will sometimes be taken with fever and pain in the right iliac fossa and, on examination, a fulness will be found; the sensitiveness will not be so great but that an examination can be made and a sausage shaped tumor may be outlined; of course, the disease will be named appendicitis and this is enough to scare a whole neighborhood, and the child will be carted off to a hospital and operated upon for appendicitis.

If the child is left alone, given no food, and ice put on the sensitive parts if the temperature is 103° F., or hot applications if the temperature is less, the tenderness will probably go away in two or three days; if it does not, an abscess will form and empty into the cecum. If the child is fed, and the tumor manipulated—subjected to unnecessary examinations—the abscess may be made to burrow down toward the groin, which should be avoided for it is a very undesirable complica-

tion. The first abscess is typhlitic, the second is perityphlitic. The first may form without the aid of bruising in the manipulation of repeated examinations, but the second must be forced by bad management. The latter abscess, I have reason to believe, is the former abscess driven, by repeated manipulations, to burrow downwards instead of opening into the cecum.

Fecal abscess, arising from ulceration of the colon, may be mistaken for appendicitis. There is a localized swelling, immovable in breathing or when pressed upon, and having a tympanitic sound on percussion over it with dull sound on pressure and heavy stroke.

The symptoms of appendicitis are: Pain in the front, lower, right side of the abdomen. It is paroxysmal and caused in the main by peristalsis—the regular action characteristic of the sewer function of the bowels, which is for the purpose of forcing the contents of the intestines onward to the outlet, and which ordinarily is carried on without pain; but, in bowel obstructions of any kind, the onward flow of the bowel contents is cut off resulting in great pain where there is much irritability, for irritation of any kind always increases this expulsive movement. Food, taken in health, stimulates this contraction and if taken when there is inflammation—enteritis, colitis or inflammation of any part—the contraction is increased and necessarily painful. Think of the

pain that the subject of diarrhea has, then imagine what that pain must be if there should be obstruction so that the fecal matter could not pass. That is as near as I can describe what the pain of appendicitis is. Anything that will stimulate these contractions will throw the patient into great distress. Food or drugs will cause pain, and water, the first few days of the illness, will do the same.

In inflammation of the cecum, where the inflammatory process remains local and there is no obstruction more than constipation will make, the patient will be troubled with occasional attacks of pain which will pass as colic; or there may be a diarrhea, lasting for a day, every few weeks or months with constipation between the attacks. These cases may lead in time to ulceration, then to fecal abscesses and they are often diagnosed chronic appendicitis.

When the inflammation is confined to that portion of the cecum that gives attachment to the appendix there may be no pain, or the pain may not be intense, and because of this lack of intensity, the patient tolerates abuse in the line of drugging and feeding until an abscess forms, the walls of which surround the appendix which is inflamed and often gangrenous. About this time, on account of the gradual increase in swelling, the pressure brings obstruction, partial or complete, causing the symptoms to become suddenly very dangerous; then if vigorous examina-

tions are made to determine the exact status of the disease, don't be surprised if rupture of the pus sac takes place! This then demands an immediate operation which if performed will show a gangrenous appendix that had ruptured! This is quite common and is looked upon as proof positive that an operation was justified; in fact, the proper and only thing to be done, and it should have been done earlier!

This is the opinion of the majority of the profession. It really appears that surgeons are innocent of the part they play in rupturing unsuspected abscesses and otherwise complicating this disease by much rough handling.

The paroxysmal pain which is characteristic of the early stages of appendicitis may be accompanied by fever, sometimes low and sometimes high, nausea, vomiting and diarrhea. The vomiting may be severe and there may only be nausea. If there is much vomiting there will usually not be much diarrhea for the excessive vomiting is an indication that there is obstruction. In other cases there is both nausea and diarrhea; then the obstruction is either not established, for the trouble is as yet a local inflammation of the mucous membrane, or the diarrhea is from the bowels below the cut-off.

It is safe to prognose obstruction when the vomiting is severe; but if the nausea continues longer than three days, it must be due to eating or

to drugs, to taking too much water while there is nausea, or there is more obstruction than can be accounted for by such diseases as suppurative inflammation of the cecum or appendix.

It will be well to remember that diseases of the cecum or appendix or both never cause complete obstruction, except in exceedingly rare cases where adhesive bands are formed, completing the cut-off. In this connection it will be well to also remember that in absolute obstruction the symptoms of nausea and vomiting, or retching, will continue, while those of appendicitis will stop in three days. In addition to the continued nausea of complete obstruction, the pulse grows weaker and more frequent and the patient shows great anxiety of expression, there is a sickness that can not be accounted for with a diagnosis of appendicitis or typhlitis, and the patient has the appearance of being desperately sick. The great pain at the beginning subsides, the temperature falls, the pulse grows rapid and weak, the skin becomes leaky, the mind becomes dull, drowsy and comatose, then a little wandering and death relieves the suffering in a short time.

These symptoms are of collapse and they may come on in the course of a typhoid fever, or other diseases of the alimentary canal; they always mean a fatal toxemia either from obstruction or perforation, and occasionally the only forerunning symptom is sudden abdominal pain. Circum-

stances must guide in making a diagnosis. If, during a run of typhoid fever, there should be sudden abdominal pain followed with symptoms of collapse and nothing to account for it, it means perforation; an immediate operation may save the patient; nothing else will.

A sudden pain in the abdomen of a woman during menstrual life, with positively no unusual menstrual symptoms and no trouble in the right ileo-cecal region, indicates perforation of the stomach or of the gall-bladder. If there have been a menstrual period or two gone over with a slight showing, and some uneasiness, perhaps nausea, perhaps a flow with pain somewhat simulating abortion, a sharp, severe abdominal pain followed with quickening of the pulse and an exceedingly anxious facial expression, ectopic pregnancy with rupture of the tube may be suspected. One must also keep in mind renal calculus in determining bowel diseases.

Authors pretty generally unite in declaring that appendicitis is a dangerous disease. In his late book, "The Abdominal and Pelvic Brain," Dr. Byron Robinson of Chicago says, "Appendicitis is the most dangerous and treacherous of abdominal diseases—dangerous because it kills and treacherous because its capricious course can not be prognosed. * * * For years I have made it a rule to recommend appendectomy to patients having experienced two attacks. Fifty per cent.

of subjects who have had one attack experience no recurrence."

In Keating's Cyclopedia of the Diseases of Children, Dr. John B. Deaver of Philadelphia makes the following statements:

"Appendicitis, whether acute or chronic, is *essentially a surgical affection*, and should be placed at once under the care of a skilful surgeon. The truth of this statement is becoming recognized in direct proportion to the general knowledge of the course and uncertainties of the disease, and at the present time only those who have but a limited idea of the course of the affection and have seen but a few cases, attempt to treat appendicitis without the advice of a surgeon."

"Operation is the only procedure by which we can be certain of curing our patient. It is true that some cases do recover from an *attack* of appendicitis without an operation, but the percentage of those that recover from the *disease* is almost *nil*."

"The main reason, however, why the appendix should be removed as soon as possible is that no one can state positively what course the disease is taking."

"Although a strong advocate of the removal of the appendix in almost every case of inflammation of that organ, yet there are a few conditions under which I prefer to delay operation. When

we find a patient with persistent vomiting, a leaky skin, a rapid, running pulse, a diffuse peritonitis and signs of collapse, I believe that operative interference is contraindicated. Under these conditions an operation would invariably be followed by loss of life. Ice to the abdomen, calomel pushed to free purgation, a small fly-blister below the ensiform cartilage, nutritious enemata, with stimulants in the form of whiskey or champagne, and hypodermics of strychnine, give a more hopeful prospect than would operation. When the peritonitis has subsided and the constitutional condition warrants, operation may be performed with a much better prognosis."

The symptoms described by Dr. Deaver are those of collapse, following perforation, diffuse peritonitis to be followed soon by death, or of narcotism—morphine paralysis, soon to be described *in extensio* when we come to treatment.

If the doctor ever had a patient presenting those symptoms and the patient lived after being subjected to the treatment he recommends, it is safe to say that he was dealing with an artificial collapse—a drug collapse—and he did not have perforation and diffuse peritonitis.

This statement of the eminent Philadelphia surgeon adds another very weighty proof to my oft-repeated assertion that it matters not how eminent the medical man may be, he can not tell the difference between drug and pathological

symptoms. Of course this is a humiliating statement, and it is not expected that those very eminent medical men whom I charge with inability to differentiate between drug collapse and the collapse due to disease, will acknowledge that I am right, for, if their mental horizons extended far enough for them to admit it, it would not be necessary for me to say it.

In no other way can the atrocious mistakes that doctors make in prognosis be accounted for. *How many, many times* doctors have declared that a given case must end in death, and they are so cocksure that they are right that they leave the patient to die; some sort of a fake, mountebank or fanatic comes in, the drug disease wears off and in a few days the patient is well. That is exactly the sort of a case Dr. Deaver describes. The faker gets busy with drugs that antidote the morphine poisoning, and occasionally a patient gets well in spite of all.

In regard to surgery for this disease I shall quote from Ochsner:

“Personally, I can only second the statement made by one of the most experienced men in this country in the surgical treatment of appendicitis, that there are thousands of surgeons who are otherwise competent, i. e., competent to perform the ordinary surgical and gynecological operations, whom he would not think of permitting to open his abdomen in case he personally suffered

from an attack of appendicitis. This condition is true not because it is an especially difficult or dangerous operation, but because it requires an appreciation of the conditions upon which success and failure depend, and this appreciation can be obtained only by observing good methods.

“In many of the ordinary surgical operations it is not necessary to follow out the details with any great degree of accuracy, because failure to do this will at most result in confining the patient to bed a little longer than usual or necessary, while in the appendicitis operation it is likely to result in the death of the patient.

“This position, when taken in the discussion of appendicitis in medical societies, has frequently given rise to severe criticism because upon its face it looks as though appendicitis operations should be performed only by the few who happen to have acquired especial skill in this class of surgery, possibly at the expense of the lives of a number of patients.

“This, however, is not the case. The operation is simple enough if one will but take the pains to learn it, and every town of five thousand inhabitants should have at least one man perfectly competent to do such work. But if there is no such man available then I would say most emphatically that the patient’s chances of recovery are many times greater with proper non-surgical

treatment than with an operation. Of course, patients have occasionally recovered, by accident, in the hands of most incompetent surgeons, but the death rate after appendicitis operations in the hands of incompetent surgeons is absolutely frightful.

“My experience and personal observation have taught me that physicians and surgeons, as a rule, are absolutely conscientious, and that when they perform this operation, notwithstanding the fact that they themselves know they are incompetent (and they alone must necessarily be their own judges as to their competency), they do it because they have been taught that this is the only right treatment, and that the patient is entitled to an effort on the part of the physician or surgeon to save the life which is in danger. I believe that this is extremely bad teaching, and that many hundreds of lives have been sacrificed unnecessarily on account of this. I say this because I am confident that with proper non-operative treatment almost all of the cases which are diagnosed reasonably early may be carried through any acute attack, no matter what its character may be.

“I would then say, primarily, that no case of appendicitis should be operated upon unless a competent surgeon is available. This, of course, does not apply to cases in which a circumscribed abscess has formed which anyone can open with

safety provided he has sufficiently good judgment not to do anything further."

Here I must differ. If the case has not been complicated by overmuch handling, digging, punching, thumping and otherwise manipulating in the name of bimanual diagnosis, no one has any right to put a knife into the pus sac for it matters not how well it is done the drainage is bad and is in opposition to the natural outlet through the bowels. Of course if the unfortunate patient has fallen into the hands of some one who believes it the prerogative of a physician to manipulate in season and out of season, and who has converted a typhlitic abscess into a perityphlitic one, or forced the pus to burrow towards the groin, then a free opening with a let-alone after treatment, except thorough drainage, may be followed in time by restoration to health; however, if the patient fully recovers it will be more from luck than from the usual management.



CHAPTER IV.

Pathology: Formerly very little was written about the pathology of the appendix, the writers describing more the lesions of the cecum and surrounding structures. After the birth of the surgical craze, the exciting cause was located, or supposed to be located in the appendix, and the abnormal condition of the cecum was and is considered to be secondary or due to the lesions found in the appendix. The profession must evolve beyond its present tendency to look for cause in the organ. *First understand the general, then the special will be apparent.*

The pathology of the appendix has now grown exceedingly voluminous, and if it were as valuable in quality as it is great in quantity the necessity for more investigation would be removed.

Appendicitis means inflammation of the appendix. This inflammation may affect the whole structure or merely a part. Catarrhal appendicitis affects only the mucous membrane.

The appendix may be gangrened, wholly or in part. At times only the mucous membrane is gangrenous. The mucous membrane may be ulcerated and the pus penned in because of a closure of the mouth from swelling.

Concretions are found in the organ at times. These are evidently formed inside the appendix, for they are often too large to enter in the form in which they are found.

When there is perforation of the appendix the result is peritonitis according to some authors, and, according to others just as great, this is disputed. I belong to the latter class in belief.

The pathology of appendicitis is necessarily touched upon more or less in going over the etiology, symptoms, and treatment of the disease, and variation is the rule, for how could it be otherwise when subject and environment must always vary?

As soon as an inflammation starts, the first thing that nature does is in the line of enforcing the *first law of cure*, namely: *rest*. To bring this about the musculature is set, rigidly contracted, thus fixing the parts. The contraction, of course, will be in keeping with the irritation of the parts; great pain means great rigidity, and *vice versa*. This being true, the harm that must come from keeping the stomach and bowels irritated by giving drugs and food should be plain to any mind capable of reasoning and willing to think.

The more food given the more gas, pain and rigidity, and the more rigidity the more complete the obstruction, and the more complete the obstruction the more retention of gas. I need not

enumerate the evils due to gas distention, for they should be apparent.

If the obstruction caused by the swelling incidental to the hyperemia and inflammation is not already complete, the fixing or muscular rigidity completes it. After the obstruction is complete, if there is diarrhea, which is frequently one of the first symptoms, it comes from below the cut-off.

The inflammation of the cecum and appendix is similar to inflammations elsewhere; the capillary blood vessels become engorged, the circulation becomes sluggish, and this causes swelling; the tissues then grow dark from the congestion. This condition is similar to tumefaction in general, which is favorable to abscess formation.

When the local irritation and inflammation start with enough impetus to evolve an abscess the parts become fixed, as stated above, and the environing structures assume an attitude of alligated defense. There is a drawing together of neighboring tissue; the omentum, which should be recognized as the brood mother and care-taker of everything vital in the abdominal cavity, joins with contiguous structures and all become welded together by a friendly adhesive inflammation. When this defense is complete the abscess is walled in so completely and with such thoroughness that all possibility of intraperitoneal rupture rests with the blundering, heavy-handed, trouble-hunting profession; and if nature *ever fails to*

complete the building of this wall of defense it will be because she has been interfered with by officious meddling in the name of scientific healing.

There is no question but that many of these patients are seriously handicapped and others positively killed by unskilful, overzealous, superfluous examinations. A heavy-handed attendant should never be allowed to manipulate swellings in the right iliac fossa, nor in any other suspected region, for fear of destroying nature's defenses, and possibly rupturing an abscess, the contents of which will be emptied into the peritoneal cavity, causing peritonitis and death.

Seeds are seldom found in the appendix and the fear of swallowing them because they may lodge in it is not well founded. There is no question but that this organ has the power, when normal, of taking care of itself. It has a peristaltic action and can expel anything that is capable of gaining entrance.



CHAPTER V.

Symptoms: An acute attack is ushered in with severe pain. At first this is felt over the entire abdomen, but it is more marked near the navel than elsewhere. After about twenty-four hours it becomes localized in the region of the cecum.

The pain is colicky or spasmodic in character, showing that it is due to peristalsis; food of any kind increases the peristalsis; hence the pain becomes more severe after feeding. Do not make the mistake of thinking that liquid food, such as milk, can be given, for a teaspoonful is sometimes sufficient to make the patient miserable for a whole day.

The abdomen is tender, especially over the cecum, and should therefore be manipulated as little as possible, for it causes the patient unnecessary pain, and if an abscess has formed there is danger of breaking the walls which nature has thrown up.

Nature's tendency appears to be to fix the inflamed portion so as to secure rest and this is accomplished by the muscles of the abdominal wall becoming rigid, especially over the cecum. These muscles are contracted to such an extent that the

right thigh is often drawn up in order to relieve the tension.

When the cecum is inflamed it is common for the colon to be loaded; this colon obstruction prevents the onward passage of the contents of the small intestine, and when they can not free themselves and the peristaltic movements meet with sufficient obstruction to force a halt, the pain and suffering become intense. When the peristaltic movement has met with a few disappointments it reverses and empties the contents of the small intestine into the stomach. The result is nausea and vomiting which at times are both severe and persistent. But when it lasts beyond three days it is an indication of a complication or mistake in diagnosis, providing the patient has been properly treated.

The abdomen becomes distended with gas if drugs and food are given; as regards the pulse, there is nothing characteristic about the pulse rate and the temperature in this disease. Sometimes the temperature does not go over 100° F., but at times it reaches 105° F. The pulse is sometimes so rapid that it is hard to count—due usually to drug influence—and again it may not go above 100 or 110 beats per minute during the entire attack.

As these patients are nearly always constipated, and suffering from indigestion, they generally have a coated tongue.

The above symptoms are those relied upon in making a diagnosis, and especially the first four—pain, tenderness, rigidity, and nausea with vomiting—which are generally referred to as the four cardinal symptoms. Some authors give a “characteristic triad,” namely: pain with tenderness of the abdominal wall, fever, and vomiting.

A patient may have pain with tenderness, fever and vomiting, and be very far from having appendicitis. There is a world of difference in the importance of pain, the range being from no danger at all to absolutely no hope. Tympanitis may mean a very simple state or an absolutely hopeless state. To be able to interpret the exact worth of symptoms means observation, study, reflection—labor and experience running over years—and a love of work that is not the good fortune of a very large percentage of mankind.

Before we get through with this subject the reader will be shown how it is possible for highly educated men to be wholly unable to interpret the worth of symptoms.



CHAPTER VI.

Surgical Treatment: Appendicitis is quite generally thought of as an exclusively surgical disease. Osler recommends that such cases be operated upon, and most of the prominent physicians agree with him. The surgeons are a unit for the operative treatment.

Many surgeons are in accord with Prof. L. E. Russell of Cincinnati, O., namely, that it is not a question of "when to operate, but how much to operate," meaning that all cases should be operated upon as soon as possible after the diagnosis has been made, but the extent of the operation is to be decided by the conditions found after the incision has been made. If the appendix is surrounded with pus and hard to get at, the indication is merely for drainage at this operation, but if the appendix is accessible, it should be removed.

Ochsner recommends the withdrawal of all food by mouth, washing out the stomach, leeches to be applied on the abdomen over the inflammation to relieve pain, rectal feeding, and operation in every case after the acute attack is over. If a "competent surgeon" is available he thinks the proper thing to do is to operate during the acute attack, except in a class of very severe cases,

which, he says, have a better chance to recover without the operation. I will quote a few paragraphs from his book, setting forth his views:

“Taking into consideration the pathological conditions described, together with the clinical experience, the likelihood of a recurrence after an attack if no operation is performed, and the likelihood of a complete and permanent recovery if the diseased organ is removed under favorable circumstances, we can come to but one conclusion, namely, that if the desired condition can be obtained the diseased appendix should be removed.”

“Except in very rare cases in which the entire mucous membrane of the appendix is destroyed during the first attack, it is doubtful whether the patient ever completely recovers unless the appendix be removed. It is more likely, from an anatomical and pathological standpoint, and certainly more in accordance with my clinical observations, that the patient usually suffers from disturbance of his digestive apparatus after recovering from an acute attack of appendicitis.”

“Mynter does not deny the possibility of complete recovery from appendicitis without removing the organ, but considers it an exception or almost an impossibility, and I find that this view is shared by a majority of clinical observers of wide experience.”

“It is rare for an acute attack of appendicitis to subside unoperated without leaving one or more

of the pathological conditions briefly described above, and it is plain that with these present the patient must be much more liable to a future attack than he was primarily. In fact, many of the best observers with the largest experience think that recurrence in these cases is the rule and complete recovery the rare exception."

[The pathological conditions referred to are ulcerated or gangrened appendix, perforations, fecal concretions in the appendix, etc.]

"It does not matter whether the patient suffers from catarrhal appendicitis, with or without a foreign body in the appendix, or whether the appendix be gangrenous or perforated, he will almost invariably recover if from the beginning of the disease absolutely no food is given by mouth."

"Some years ago, before I had learned to appreciate the treatment which I now describe, I frequently operated upon patients in just this condition, [condition of patient described as having temperature of 104° F., pulse 140, abdomen very much distended, features pinched and patient delirious], as a last resort, thinking that this gave them the only possible chance of recovery. Since then I have learned that this case belonged to a class which practically never recovered after an operation, if it is done while the condition is that in which I found this patient, and of which a very large majority recover if the treatment is followed which I have described."

[The treatment referred to is to let the patient alone except giving food by rectum.]

“I have had an opportunity to observe a very large number of these patients under this form of treatment, and have operated upon many of them at various intervals after the acute attack through which they were treated in this manner, and have been able to demonstrate that the patient can recover, and practically always does recover, if this method of treatment is employed. Of course, one occasionally encounters a patient suffering from appendicitis who is in a dying condition, and then neither this nor any other method is of any value.”

“I find that many authors advise rectal feeding under certain conditions, but I am certain that the exclusive rectal alimentation is of greater importance in the treatment of appendicitis than any other single method, but I am equally certain that it must be carried out thoroughly, because even a small amount of food or the administration of a cathartic may suffice to bring about a fatal issue.”

[Why feed? There is no danger of starving!]

“I am also certain that many patients are enormously benefited by the use of gastric lavage for the purpose of removing a quantity of decomposing material, the absorption of which would certainly do a great amount of harm. I am also certain that gastric lavage does permanent good

only if no further food is placed into the stomach, which would result in further decomposition.”

[At the beginning of treatment—the first visit—wash the stomach and then feed no more.

Although some physicians boast that this is an age of preventive medicine, the following paragraph is about all that is devoted to this phase of the subject. In one or two places people are cautioned not to eat too much and chew thoroughly, but what does this amount to? How many people know how much to eat or how thoroughly to chew? Very few physicians have a grasp of this subject.]

“It is true that recurrences can usually be prevented by careful attention to diet, by securing daily free evacuations of the bowels, by avoiding over-work and above all things by abstaining from eating too freely, especially of indigestible food when tired. Notwithstanding these facts most patients will never be entirely well after recovering from an attack of appendicitis, and if this is the case I believe that the best treatment consists in the removal of the diseased appendix.”

“In conclusion I will say that the most important lesson my experience has taught me is the fact that more harm is done to the patient suffering from acute appendicitis by the administration of any kind of nourishment or cathartics by mouth than in any other way, and that more lives can be saved by prohibiting this and by removing any

food which may be in the stomach at the beginning of the attack by gastric lavage than by all the other methods of medical and surgical treatment combined.”

[This is my belief and treatment and has been since I began to practice my profession.]

The above extracts were taken from Dr. Ochsner's Monograph on Appendicitis.

When a patient has completely recovered from appendicitis he should learn to live correctly. Learn to eat properly and to know how to take care of the body in every way.

There is much to learn on the subject of what to eat, what not to eat, what foods to combine and what combinations to shun, when to eat, when not to eat, etc.

Appendicitis is caused by wrong eating; those who go through the disease and recover, will have another attack unless they change their style of eating.



CHAPTER VII.

Treatment: I believe that contrasting treatments is the very best way to teach; however, this plan is not so good when carried on in writing as it would be clinically.

In order to contrast my treatment with the best just now available I shall quote from one of the latest authorities, "Modern Clinical Medicine—*Diseases of the Digestive System.*" Edited by Frank Billings, M. D., of Chicago. An authorized translation from "Die Deutsche Klinik" under the general editorial supervision of Julius L. Salinger, M. D. Published by D. Appleton and Company, 1906.

It is reasonable to believe that when one of our leading American physicians thinks enough of a foreign author to translate his productions the material must be pretty well up to the top of medical literature, and that is my only reason for selecting this particular contribution on which to make my comments for the purpose of contrast.

The case I select is strictly in line and parallels a case of my own. It is a case of Diffuse and Circumscribed Peritonitis, treated and reported by O. Vierordt, M. D., of Heidelberg.

“*Acute, Diffuse Peritonitis:* As an introduction to the discussion of our present views of acute peritonitis I will relate the following clinical history:

“Case 1.—A previously healthy merchant, aged 31, was taken ill after a few days of vague, dull pain in the right side of the abdomen which he had disregarded, and upon the 20th of October, about midday, he was seized with very severe pain in the right lower abdominal region which compelled him to seek his bed; soon afterward he had chilly sensations which increased to marked chills; there was also nausea, eructation and vomiting, first of food and then of bilious mucus; a little later tenesmus appeared, the patient first voiding small, compact feces, followed by scant, thin dejecta. Within a few hours the abdomen had become tympanitic, the pains continued with exacerbations upon motion, after eructations, and on talking; the entire abdomen was very sensitive. Strangury with the frequent discharge of scant urine was observed.

“Toward evening the physician found the patient extremely ill, immovable in the active dorsal decubitus, with an anxious facial expression, reddened cheeks, cautious, superficial respiration with a low, hushed voice; he complained of continuous, also occasionally of marked tearing and contracting, pains in the entire abdomen, most severe upon the right side low down; the temperature was

103.2° F., the pulse was 112, full, somewhat tense, regular and even.

“The lips were dry, the tongue markedly coated; *foetor ex ore* was present; painful eructations were frequent, also singultus, complete anorexia and extreme thirst. The respirations were superficial, quite rapid, and purely thoracic; the diaphragm was slightly raised; the pulmonary-liver border was, in the right mammillary line, at the lower border of the fifth rib; upon anterior examination the thoracic organs appeared normal; the examination of the back was not then undertaken.

“The entire abdomen was uniformly tympanitic, everywhere very sensitive to the slightest pressure, but more so upon the right side than upon the left. There was also pain upon pressure in the lumbar region.

“Signs of abdominal respiration were absent. Careful palpation showed a uniform, drum-like resistance, otherwise nothing abnormal. The percussion note over the abdomen upon light tapping (and only this could be borne) revealed no decided difference, and nowhere any dullness; upon prolonged continued auscultation, high-pitched intestinal murmurs were here and there heard.

“Retraction of the thighs produced diffuse abdominal pain, more marked upon the right side than upon the left; careful examination of the hernial rings gave a negative result.

“Upon careful digital exploration per rectum in the dorsal decubitus, nothing abnormal was noted except pain in the floor of the pelvis; the rectum was empty.

“Since morning neither feces nor flatus had been passed; the patient complained of strangury which, however, he rarely attempted to relieve because he feared to aggravate the pain which shot downward and radiated into the urethra. The urine was of high color, clear, and contained a trace of albumin and large amounts of indican.

“The physician in charge of the case diagnosed acute, diffuse peritonitis, the origin of which was not quite clear; very likely it was in the appendix. He ordered absolute rest, that the urine and feces be voided in the recumbent posture; that, for the present, only small quantities of ice be taken by the mouth;” [First mistake. Never use ice nor ice water to relieve thirst for it creates an unquenchable thirst and causes nervousness and general discomfort, not only in this disease but in all others.] “that two bags filled with ice be applied to the abdomen, and be suspended from a hook if they could not be borne directly upon the abdomen. Furthermore, at first every two hours, later somewhat less frequently, 0.03 of opium purum in powder form was to be taken in a little water.” [Pure opium 0.03 or 6/13 grain every two hours at first, less frequently later, was the second mistake, for opium brings

on general depression. It not only dulls sensation, but it inhibits combustion thereby lessening nerve supply, weakens the heart action, and masks the physiological as well as the pathological state. The disadvantages of such an influence should be apparent to even a medical novice. The influence of opium in inhibiting nerve supply reduces the normal irritability—muscular tone; this works a great disadvantage in bringing about a tympanitis entirely out of keeping with the intensity of the disease and this is not the only artificial symptom induced by this drug as we shall see later.

An opium tympanitis causes many physicians to mistake it (a drug-action, or a symptom induced by drug-action) for the tympanitis caused by peritonitis. The great disadvantage of thus masking and perverting symptoms, which should be natural so that the physician can know at any hour of the day just exactly where his patient is, must certainly present itself even to a lay mind.

It surely is important to know that an opium-induced, phantom peritonitis causes pressure upon the diaphragm, which in turn crowds the lungs and heart, inducing precordial oppression—smothering sensations and simulating important symptoms which should be understood at once so that a proper remedy may be applied.]

“In the following forty-eight hours, with irregular variations and a slight tendency to rise, the temperature ranged between 102.2° F., and

105.3° F. The pulse became more frequent but remained strong and uniform; the respirations were unaltered in character but increased in frequency to 48." [Unnatural and brought about by opium.] "The patient, unless under the influence of opium, was sleepless, his mind was clear, and he gave the impression of being extremely ill, although not in collapse." [This is peculiar to opium; it was too early for these symptoms to develop in this case; hence drugs brought them on.] "The pains, eructations and vomiting were decidedly relieved by the opium;" [A relief that was bought at a tremendous cost, for a time came in a very few days when it was hard to tell whether the vomiting was from the disease or from the drug. The increase in respirations was due to opium.] "but ice-bags for a time were not well borne and cold Priessnitz compresses were substituted. Vomiting was rare, was invariably bilious and coarse-grained; neither feces nor flatus were discharged; the urine was as before the diazo-reaction negative.

"Distention of the abdomen and the area of diffuse resistance increased; sensitiveness to touch appeared to be dulled by the opium; in the ileo-cecal region, however, it was constantly severe and lancinating. The liver dullness below decreased;" [Why not? Extending tympanitis caused it—insignificant at most.] "the pulmonary-liver border extended to the upper border of the

fifth rib; on the right side of the abdomen between the navel and the anterior, superior spine of the ilium a circumscribed slight dullness was observed." [This could have been taken for granted without unnecessary palpation.] "There was great nausea and burning thirst." [Already the opium was getting in its work. Great nausea and burning thirst were not due to the disease, and the crowding upward of the liver border was caused by the gas distention.]

"*Diagnosis:* Acute diffuse, appendicular peritonitis, probably also perforation; circumscribed perityphlitic abscess." [The diffuse peritonitis was apparent to the eye but not to the reason as the course of the disease proves before many days.]

"Operation was considered but not performed. Removal to the hospital for the purpose of an operation was absolutely declined by the patient.

"I saw him upon the following day, the fourth of the disease." [Undoubtedly this case had advanced to the seventh day when the description began.] "In general the severity of the clinical picture had increased, especially some of the individual symptoms: Severe, markedly febrile general condition; pulse 120 to 136, moderately full, regular." [Drugs and food caused the increase in the severity of the symptoms, for if the increase in pulse and temperature had been due to toxic

infection, there would have been no amelioration of these symptoms, which we find takes place later.] “There was insomnia with occasional opium slumber; otherwise the mind was clear but anxious. The tongue was thickly coated, the lips were dry, there was tormenting thirst.” [Ice and opium were getting in their work, increasing the nervousness and of course the fever.] “The cheeks were red. The patient maintained the dorsal decubitus with feebly flexed legs and hushed voice; the hands moved but slightly and trembled.” [Narcotism.] “Occasionally there were spontaneous attacks of severe, tearing, abdominal pain, starting posteriorly in the lower right side.” [Why not? Food was being given, stimulating peristalsis.] “The abdomen was very tympanitic and tense, and could scarcely be touched; nevertheless, it was possible to determine upon the right side low down an area of dullness about the size of a hand with increased resistance; otherwise the note was tympanitic upon percussion.” [The reader will notice the frequency of the reports regarding the area of dullness and extension of tympanitis. These frequent examinations are wearing on patients in this condition, and are of no consequence whatever; they start at nothing and end nowhere, except in the discomfort and often the death of the patient; they are practiced by too many physicians and should be discouraged for they represent a very bad habit

and are harmful; they are pushed to a pernicious extent in some cases, for without doubt abscesses are ruptured by them. If the physicians were not satisfied by this time without the need of laying on of hands, observation and analysis were lacking.]

“The diaphragm was raised; except for a small zone liver dullness was absent.” [Of what possible benefit was this knowledge under the circumstances?] “Now and then there was grass-green vomitus which, the last time, contained a few brownish granules and had a fecal odor. Urine unchanged; micturition very painful; no feces.” [Proof positive that there was no peritonitis yet, and the indicating symptoms were those of opium.]

“Opium at first decidedly influenced the condition; the patient took daily 0.5 to 1.8, and since yesterday morphin subcutaneously 0.02 at a dose.” [Of course, anyone acquainted with opium knows that it loses its effect, but it never fails to do its damage. The daily intake of $7\frac{3}{4}$ grains to 27.5 grains must lead to trouble.]

“Ice bags were not well borne, and Priessnitz compresses were used continuously. The intake of food was reduced to almost nothing.” [Not one teaspoonful of food should have been given; under such treatment this case would have been very comfortable. Foods and drugs were the cause of the discomfort.]

“With a sharply circumscribed perityphlitic abscess there could be no doubt of the diagnosis of diffuse peritonitis nor of the indication for operation on account of the long continuance of the severe symptoms. But neither this proposition nor that of an exploratory laparotomy, the result of which might have induced the patient to yield, was accepted.” [It is an evidence of professional officiousness to say positively that there was a “sharply circumscribed perityphlitic abscess.” How was it possible with meteorism as described, to say that there was a sharply circumscribed perityphlitic abscess? It was tacitly assuming a diagnostic skill that must test the strength of every American physician’s credulity to the utmost. The long continuance of the severe symptoms was no fault of the disease. The worst case should be made comfortable in three days.

Just why diagnosing a perityphlitic abscess should have cleared the diagnostic atmosphere to such an extent as to justify one in declaring that, *since the discovery of the abscess there could be no doubt of diffuse peritonitis*, is hard to understand. According to my training in the worth of differential diagnosis, I should look upon such a diagnosis as most excellent proof that the peritoneum was still intact, and, if the case were handled carefully, its *intestine sacredness* would remain free from the vandalizing influence of toxic infection.

I am not inclined to accept the diagnosis, for within twenty-four hours the abscess broke into the cecum, and if the case had advanced to perityphlitic abscess, the pus would have burrowed downward towards the groin and would not have terminated as early as it did. My reason for so believing is that we always have a typhlitic or appendicular abscess at first, which naturally opens into the bowel, but if the abscess be interfered with—handled roughly enough to rupture the pyogenic membrane—the pus is forced into the subperitoneal tissue where it may gather and become encysted, but this is exceedingly doubtful. When the pyogenic cyst is once broken the pus becomes diffused, and as it has no retaining membrane it burrows in all directions, and more or less of it is absorbed, causing pyemia.

The parts may be handled to such an extent that the abscess will be forced to develop low down toward the groin, so low that the natural outlet, through the intestine, will be impracticable; under such circumstances an outside opening with drainage is the only choice in the matter of treatment.

That the reader may understand that I have a very good foundation for my strenuous objections to the usual *bimanual examinations practiced upon all appendicitis cases*, I shall quote a description of what one of America's recognized diagnosticians, Dr. G. M. Edebohls, considers a cor-

rect examination and he declares that anything short of such an examination is useless and untrustworthy:

“The examiner, standing at the patient’s right, begins the search for the appendix by applying two, three, or four fingers of his right hand, palmar surface downward, almost flat upon the abdomen, at or near the umbilicus. While now he draws the examining fingers over the abdomen in a straight line from the umbilicus to the anterior superior spine of the right ilium, he notices successively the character of the various structures as they come beneath and escape from the fingers passing over them. *In doing this the pressure exerted must be deep enough to recognize distinctly, along the whole route traversed by the examining fingers, the resistant surfaces of the posterior abdominal wall and of the pelvic brim.* Only in this way can we positively feel the normal or the slightly enlarged appendix; pressure short of this must necessarily fail.

“Palpation with pressure short of reaching the posterior wall fails to give us any information of value; the soft and yielding structures simply glide away from the approaching finger. When, however, these same structures are compressed between the posterior abdominal wall, and the examining fingers, they are recognized with a fair degree of distinctness. *Pressure deep enough to recognize distinctly the posterior abdominal wall,*

the pelvic brim, and the structures lying between them and the examining finger forms the whole secret of success in the practice of palpation of the vermiform appendix.''

Can there be any wonder that this disease is so fulminating in the hands of the average medical man or can there be any surprise at the death rate? If such an examination were given to a well man and repeated as frequently as in the average appendicitis case, I say that the well man would soon suffer from some severe disease induced by bruising.

When appendicitis or typhlitis ends in an abscess, and the pus sac is ruptured by meddling, unskilled treatment, *scientific or otherwise*, causing the pus to burrow toward the groin, surgery is the only treatment; there is no hope of recovery in such a case without establishing thorough drainage, and this means skilled surgical treatment. It will positively be a miracle if such a patient recovers without an operation. I have seen these cases linger for two, three, and even five years. The type of cases that lingers so long is one that has an imperfect drainage, either into the bowels or through a fistulous outside opening.

What per cent. of cases is of this type? That is hard to tell for the world is full of unskilled, heavy-handed manipulators.

I have seen quite a number of this type who had been brought into this unnecessary state by

bungling doctors who were treating them for typhoid fever and its complications.

I say without fear of successful contradiction that there never was and never will be such a case unless it is made so by the worst sort of malpractice.

The fact that a diagnosis was made in spite of the tympanitic distention is proof that a dangerous force was used in doing so, converting a typhlitic abscess into a perityphlitic one, and doubtlessly causing premature rupture into the bowel. Any professional man, with the right regard for his patient's welfare, and the judicial understanding that qualifies him for taking the responsibility of directing the treatment of so important a case, would scarcely have laid the weight of his finger on an abdomen in such a dangerous condition. The symptoms and course of the malady up to that time should have told the real diagnostician that there was an abscess and that the abscess would rupture into the cecum if it were not meddled with.

No one with a proper understanding of his responsibility in such a case would have thought of undertaking an operation with a patient in the physical condition that this man was reported to be in. "The long continuance of the severe symptoms" is proof positive that the "severe symptoms" were false or man-made.]

“Morphine was ordered subcutaneously, Priessnitz compresses to the abdomen, pellets of ice and meat jelly by mouth; eventually gastric lavage.” [Under the circumstances this was positively murderous. Acknowledging to such treatment forces me to declare that the witness is incompetent, on the ground that no one has a right to incriminate himself. Nothing but the most positive malpractice could have brought a case of this kind to need gastric lavage, at this age and stage of the disease.]

“Upon the sixth day of the disease the picture changed:” [It is impossible for any case to arrive at this state of maturation in six days, if allowed to take its own course.] “The complexion became sallow, the face elongated, the eyes hollow; the pulse was 140, small, but quite regular; the temperature was 101.3° F.,” [The great discrepancy between the pulse and temperature was caused by the opium.] “there was clammy perspiration and a cool skin, the hands were cold; frequently slight eructations occurred and, now and then, ineffectual or mild paroxysms of vomiting of a greenish yellow material with a slight fecal odor.” [All these symptoms were positively unnecessary. They were built by food and drugs.] “The mind was clear; there was little pain.” [There was no reason why the mind should not be clear, and there should have been no pain after the third day.] “The abdomen became somewhat

softer, much less painful, and was readily palpated and percussed; there was a distinct resistance about the size of a hand, quite firm, and not fluctuating, and accompanied by marked dullness, around McBurney's point and downward, and only in this region severe stabbing pain; in other areas no dullness." [The sallow complexion, elongated face, hollow eyes, pulse 140, temperature 101.3° F., clammy skin, cold extremities, greenish vomiting with fecal odor; all these symptoms would have been ominous of a fatal collapse had it not been that the symptoms were those of narcotism, and not the symptoms of peritonitis as they were supposed to be. The small, regular and frequent pulse, the clammy perspiration, cool skin, cold hands, the eructations and mild paroxysms of vomiting of greenish yellow material with fecal odor, were symptoms produced by opium, food and morphine, as should have been fully apparent to any medical mind.

If the patient had been treated rationally from the start, at this stage of the disease he would have been as comfortable as at any time in his life, and after the opening of the abscess, forced though it was and followed by those symptoms, the patient still had a chance to get well if he had been left alone. See how he responded when given a little opportunity. Only twenty-four hours after "the intake of food was reduced to almost nothing" the abdomen was softer and

readily palpated and percussed. Just imagine, reader, what a difference there would have been in this case if the poor, miserable victim had been allowed the quiet he so much needed—if he had been left without daily bimanual examinations, food and drugs. The patient was kept in an abnormal state from the first hour that the *doctoring* began to the last hour of his life.]

“The symptoms were those of moderately severe *peritoneal collapse*;” [In all the cases I have ever seen, I never knew of one showing any symptoms of collapse when the abscess ruptured.] “the prognosis was very grave although not positively hopeless.” [If the symptoms had not been those of drug and food poisoning they were very grave.] “Treatment: Small quantities of alcohol, to be followed by camphor.” [All the treatment necessary was absolute quiet—no drugs, no food—nothing until nature had time to react fully; then there would have been a full and speedy recovery. Alcohol and camphor were injurious to a body already suffering from opium paralysis, for all such drugs are heart depressants.]

As I have said for years: The physician who gives drugs can't possibly know where his patient is. “Peritoneal collapse!” If there had been no narcotism there would have been no appearance of collapse. Every symptom giving the appearance of collapse was due to opium and morphine. I have seen such collapses for I have made them,

and I have suffered all the torments possible in this world of medical uncertainty. For fifteen years after starting to practice my profession I labored hard with symptoms of my own making. After drug action and symptoms were once developed, I knew nothing more about my patients; it is true I guessed, and theorized, and reasoned, but in truth I did not know positively just where my patients were. I consoled myself in those days with the thought that some day I should know; I believed that the fault was with me, that I was lacking in diagnostic ability, and that by hard work the time would come when I could read disease by its symptoms as well as the best, for I then thought the big men of the profession knew everything they pretended to know. This was my ambition, but the ability to size up symptoms under given conditions and tell their true worth forever eluded me and kept me in a state of unrest and discontent that was next to ruining my life. If light had not come when it did I should have abandoned the profession, but it came accidentally; it could not come otherwise for I did not know how to look for it. In the course of time I stored in my memory many cases that from accident or caprice had recovered without drugs and food. The satisfactory advance made by sick people, suffering from different diseases, when they were left without food or drugs, occurred so often, and with such unvarying regularity that it ceased to

be a coincident—it was absurd for me to continue to explain the results by the hackneyed word “coincident,” a word that is usually loaded with a lot of dogmatism, idleness and selfishness.

When I accepted the changes, taking place *without medical aid, interruption and interference*, as true cures, and so much a part of nature, and so intimately blended with the fixed laws of nature that like results could be looked for with the same degree of certainty that we look for the rising or setting of the sun, I busied myself in formulating a plan of cure as nearly in accordance with natural laws as I could. I am now, and have been for twenty years, developing in this line, and I have gone far enough to declare that I have watched symptoms start, mature, and decline, and in this way have learned, by contrasting the symptoms in a given case that has not been medicated, with those of a similar case that has been medicated, to know the full value of symptoms under medication, as well as the full value of the symptoms when not under medication. This knowledge I am using in analyzing this medical classic and from my standpoint I can see how very easy it was for the author of the article under consideration to blunder along as he did. The doctor should not feel lonesome, however, for he has a world of company.]

“This condition lasted nearly twenty-four hours; then a very large and hard stool, followed

by a thin one of hemorrhagico-purulent character was discharged and simultaneously a decided change took place. The appearance and pulse improved; the abdomen became softer with the exception of the marked resistance upon the right side low down, and the fever slightly remittent, its maximum 101° F. Vomiting did not recur; the patient moved about somewhat in bed and slept several hours in a half-lateral posture. Meat jelly and cold beef tea were swallowed." [This feeding was the beginning of mistakes for the second round. If this patient had been left distressingly alone until he could have thrown off his opium poison and become normal, and allowed the abscess to drain and close, all would have been well. This, I assume, would have been the ending if the vigorous examination that was given the patient the day before the collapse had not prematurely ruptured the abscess both into the gut and into the subperitoneal region converting an appendicular abscess into a perityphlitic one.]

"Upon the next day there were several hemorrhagico-purulent stools, the urine was profuse and voided without pain. Nevertheless, firm, flat resistance was still felt in the lower right side and upon pressure there was lancinating pain; no fever." [What was the need of this everlasting, eternal, never-ending manipulating to find how much induration there was? Nothing but harm could come from such senseless officiousness. The

punching, feeling and manipulating of patients without a reasonable excuse is a very bad habit, one that is peculiar to young and inexperienced men. There is no reason, no object, no purpose in it; it is just a bad habit.]

“There could be no doubt that the perityphlitic abscess had ruptured into the intestine, and that in consequence of this the diffuse peritonitis had at once been relieved.” [There was no peritonitis up to this time, except the small portion that represented the peritoneal covering of the organ or organs involved in the primary infection. The peritoneal cavity, or the peritoneum as an organ, was not involved in this disease; hence it is an error to say that there was diffuse peritonitis which was at once relieved by the rupturing of the abscess into the intestine. It is worth something to know the difference between a drug-created *phantom* peritonitis and a true peritonitis. It is not for the sake of controversy that I am taking exceptions to the opinions advanced in this case, neither is it because I delight in criticising, differing from, or finding fault with authority; I have a more laudable reason—one that I consider humane and justifiable—namely, to point out to the few who happen to read this book, a safe and life-preserving plan of treating one of the most talked about, and (because of bad—decidedly bad—treatment) one of the most fatal maladies of this age. To do this it is necessary to point out and

teach these few how to reason on the subject, and how to weigh with something like exactness the various important symptoms that present themselves under varying styles of treatment.

If a young physician is guided in his opinions by authority—if he believes that the last word has been said, because he has the last book from the leading authority, and if said authority has not yet learned that there is a true and a phantom diffuse peritonitis, said young man is not in line for saving life; on the contrary, he is liable to mismanage and meet with as great a failure, and be the cause of as unnecessary a death as was the good doctor from whom we are quoting and of whose *medical sophistry* I am trying to give the true qualitative and quantitative analysis.

Rupture into the gut is exactly what will happen every time, in all cases, if left alone and no food nor drugs given.]

“*Treatment:* Warm, followed by hot, flax-seed poultices; rest, freshly expressed meat juice or beef tea, in all 200 grams; thin gruel made with milk, 200 grams; wine, 100 grams in twenty-four hours, small portions to be taken every two hours; no drugs.” [A little over six ounces of meat juice and six ounces of gruel made with milk! The starch contained in the gruel will always create gas in these cases and stimulate peristalsis; the gas inflates the cecum and drives the contents of the bowels into the abscess cavity; this sets up

secondary inflammation. The meat juice and wine could have been left out to the patient's betterment. It is refreshing to know that no drugs were given, and if the case had been treated from the start on the no-drug plan the course and ending would have been very different. The poultices would have done as much good if they had been put on the leg of his bed, and much less harm.]

"This improvement continued for several days and even became more marked. The abdomen returned to the norm with the exception of the ileo-cecal region; there was a small stool daily without recognizable pus; no fever.

"Upon the *twelfth day of the disease vomiting* suddenly recurred, with severe, diffuse abdominal pain, marked meteorism, and fever to about 102.2° F.;" [True, diffuse peritonitis set in at this time.] "the symptoms increased in severity, and changed during the night. The next morning I found the patient in collapse, his temperature 97.3° F., pulse 160, thready, uneven; conspicuous facies hippocratica; no pain; a slight comatose condition, moderate meteorism, no movement of the bowels. Stimulants were without effect; subcutaneous saline infusion revived the patient but only for a short time, and death occurred the following morning upon the fourteenth day of the disease." [Meteorism! What is it? A blown-up condition of the bowels. Gruel caused gas to form, the gas was driven into the abscess

cavity, reinfection took place, which ended in diffuse peritonitis. The patient's resistance was used up and, being exhausted, he died. He had made a brave fight against all sorts of odds but the second round was too much for him.]

“*Autopsy:* Normal condition of the serosa above the omentum; the appendix surrounded by adhesions embedded in fecal pus, gangrenous toward its terminal portion, and showing perforation; fecal calculus in the pus; appendix movable toward the cecum.” [Just what may be expected in all cases! Nature is always busy reinforcing weak points, but the modern physician and surgeon is too wily and artful for her; she can't always anticipate his moves, hence she can't always fortify successfully.] “Agglutinated point of rupture at the median periphery of the cecum near the ileo-cecal valve. The perityphlitic pus appeared to be sacculated by adherent intestinal coils, but beyond the adhesions in the free abdominal cavity below the omentum there was diffuse, fresh, fibrinous peritonitis and distributed here and there small quantities of thin, putrid pus (many bacteria, large quantities of streptococci and coli bacilli). The peritoneum was injected, of a delicate rose-red color, here and there covered with fine, mucus-like pseudo-membranes. Heart flabby.” [The autopsy showed nothing more than would be expected. The fresh peritonitis confirms what I say that a reinfection was forced because

of the character of the food. The meteorism opposed relaxation and rest, two conditions positively necessary and without which healing can not take place. What was to hinder the heart from being flabby? Drugs and systemic infection are quite enough.

In proper hands this young man would not have been very sick; possibly his trouble would have been thrown off and the inflammation passed off by resolution.

The following should be of interest for it is a very *scientific explanation* of how the young man came to die:]

“The clinical history is in every respect typical and instructive.

“It shows us that the origin of peritonitis which is by far the most common, is in a diseased appendix. At the autopsy this was found necrotic and perforated. It is questionable whether the perforation existed from the onset of the disease; it is possible that at first an ulcer extending to the serosa caused an infection of the peritoneum; at all events this occurred acutely, and produced the sharply defined disease.” [I agree. The perforation brought on the relapse and the collapse.]

“The clinical abdominal symptoms in the first period of the malady pointed to the fact that at the onset there had been a diffuse inflammation of the peritoneum, and that later by the adhesions to the appendix which were found at the autopsy

an early encapsulation of pus had taken place in the ileo-cecal region; this produced a purulent softening in the wall of the cecum and led to the favorable rupture of pus into the intestine and to an immediate amelioration of the acute peritonitis. The point of rupture, however, then closed, and partly perhaps to the action of fresh infectious and toxic material, perhaps only to the perforation of the appendix, may be ascribed the exacerbation of the peritonitis, that is, a renewed attack which caused the death of the patient."

[The symptoms were those of intestinal putrefaction with local inflammation of the cecum and, as the history of the case has pointed out, was located in that part of the cecum giving attachment to the appendix, for the autopsy showed that the appendix was surrounded by adhesions and imbedded in fecal pus. Please note particularly: The appendix was found in a pus cavity—a perityphlitic abscess. Why shouldn't the appendix be necrosed? Located in a field of inflammation, blown up, distended beyond its vital integrity; why should it not become gangrenous? It doesn't matter when the perforation of the appendix took place for it is quite evident that there was not enough disease of the appendix to cause its perforation until after it had become incased in the abscess cavity, and if the young man could have been freed from the treatment he received and could have been given the necessary rest the

abscess cavity would have emptied itself, necrosed appendix and all, into the bowel and he would have made a perfect recovery.

“The point of rupture closed!” How could a rupture into a distended gut close? The distention was greater after the rupture than before. Fresh infection could not take place without a power to force the putrefaction greater than the force that existed before the abscess broke into the cecum. Let us reason together: Nature fought successfully against heavy odds before the rupture. There was gas distention of bowels interfering by pressure with the circulation and increasing the area of destruction of tissue; frequent retching and vomiting interfering by stretching and probably tearing, threatening disruption to the plastic process that was going on to close in the disorganizing and necrosing processes; the frequent examinations, and manipulations for diagnostic purposes, etc., but, in spite of all this opposition, fatal infection was successfully resisted; then, after the rupture and discharge, the relaxation, the calling off by nature of all her defenses, showed that the battle was won. All the defense yet left was the hard induration, “firm, flat resistance.” This induration was quite sufficient to prevent reinfection, had there not been something out of the regular order to interfere. In this case there was a prostrated muscular system. The narcotic had left the patient without muscular

power. The starchy food created gas, and the bowels, not having their natural tone, gave way to the gas until there was "*Meteorism*," not tympanitis, but meteorism which means to blow up or distend all that it possible.

Such a state as that means mechanical interference with every organ in the thoracic, abdominal and pelvic cavities, and, besides the pressure and interference in drainage and the blowing into the abscess cavity and into the pyogenic membrane gas loaded with infection, there was an almost fatal interference with the action of the heart and lungs.

The prostrating effect on the muscular system of the septic or putrefactive poison was nothing to be compared to the paralyzing effect of opium. I believe this man would have survived every interference if the milk gruel had been left out, but acting as it did, it proved to be the last straw.]

"In regard to the fulminant symptoms at the onset of the disease, however, it is more likely that even then perforation had already occurred, and that the final and fatal exacerbation was in consequence of adhesions formed in the first period which were powerless to resist the entrance of organisms producing inflammation. The pus finally broke through the adhesions, and produced diffuse peritonitis."

[It is a technical point unnecessary to raise whether the adhesions formed in the first or the

last period; they were formed without question; and if they were formed in the beginning, as doubtless they were, they withstood the most severe and trying period of their existence, which was before the abscess broke into the bowels, and so far as being able to resist to the very last, there has been no evidence to prove that the last infection was because of any lack of power of resistance on their part for the autopsy showed them intact. It is doubtful if anything but sound tissue could have withstood the strain that was put upon this man's diseased cecum from gas distention. The infection-laden gas could find a way anywhere in diseased tissue and broken continuity. Why should the pus break through the adhesions and find its way into the peritoneum after they had been able to make an effectual resistance till the bulk of it had forced a passage into the bowel? Why should the adhesions have less power to resist when there is less strain upon them and also a patent outlet for the pus? I fear our German friend of "Die Deutsche Klinik" had "booze" in his logic when he was explaining how his patient came to die.]

"Moreover, the bacterial finding of streptococci and coli bacilli in the perityphlitic abscess is typical, and the limitation of the diffuse peritonitis to areas below the omentum is also instructive. This simultaneously prevented the in-

vasion of organisms producing inflammation into the serous surfaces above."

[There is nothing strange about this for nature works for the purpose of preventing "serous surface" invasion, and it takes a deal of malpractice to force such an infection. If nature's provisions against peritoneal inflammation were not as great as they are, few people with intestinal putrefactive diseases, from cholera infantum in babyhood to proctitis in old age, would get well, for most of the treatment for one and all of these diseases is obstructive rather than conservative and helpful.]

"This strong man, aged 31, had previously regarded himself as perfectly well. Nothing indicated the danger in which he found himself and which had existed since the appearance of the fecal calculus, the time when this had formed being impossible to determine. The disease appeared acutely with fulminant symptoms."

[He was, indeed, unfortunate, but his greatest misfortune, as I see it, was his treatment. Every acute disease is fulminant, even indigestion is fulminant, but the force of the warring elements is soon expended and unless reinforced by fresh elements the fulmination must end.

In diseases such as typhoid fever, appendicitis and typhlitis, we have first of all a constitutional derangement brought on by errors of life. The general resistance is lowered from nerve-

exhausting habits; the general tone of digestion is below par and the bowel contents are maintaining a higher toxic state than usual; we have added to this condition an unusual tax in a long run of hot weather, business worries or unusual mental, physical or digestive strain, following which acute intestinal indigestion manifests with a sudden explosion; or there takes place a transformation of the contents of the bowels into an intense putrefaction which infects a portion of the mucosa that has been rendered susceptible by pressure from fecal impaction, concretions, or any cause capable of devitalizing. If the infection takes place in Peyer's patches, typhoid fever is the consequence; if the local trouble is of the cecum, typhlitis will result, and if the local devitalization is in the appendix, brought on from the irritating effects of a fecal calculus, appendicitis will result.

These diseases may start in a fulminant manner as suggested—with an acute intestinal indigestion, which will die down as soon as all the elements that combine to set off this fulmination have expended their force and unless fresh material be added everything must settle down to a local trouble. Or if the primary irritation is subjected to a light form of toxic infection the development of the disease will be much more insidious and will require much more time to come to its maturity, or its fulminating stage.

The reason for this is that each person has a

cultivated immunity to a given toxic state of the intestinal contents, and when from pressure or the irritation caused by a calculus, there is a denudation of the mucosa the infection that takes place has not the power to arouse a systemic resistance, but can cause only a local inflammation; this inflammation may end in ulceration, or it may cause a thickening of the parts and interfere with drainage from mucous or glandular pockets; then the locked up secretions become intensely toxic, and this sets up a new infection much greater than the first and powerful enough to cause the system to call out its militia to put down the rebellion. Now we have fulmination, but if food and drugs are withheld it ends soon.]

“Severe abdominal pain with tense abdominal walls, fever and vomiting form the characteristic triad in the first phase of the disease; less rapidly does meteorism appear. This depends upon whether the inflammation of the serosa quickly spreads or remains local. Peritoneal meteorism is peculiar. The abdomen is uniformly distended, balloon-like; the muscles as well as the rest of the abdominal walls are tense. It must be added, however, that in spite of the excruciating pain upon touch there is no sign of contraction of the abdominal muscles, of the “muscular resistance” (defense musculaire) which is so common on pressure in other forms of abdominal pain, particularly when circumscribed.” [Distention from any

cause—or stretching of muscular fiber—causes paralysis for the time being.] “The same is true of the diaphragm; it is forced upward, the muscles are therefore elongated and tense; but there is no evidence of active contractions. Abdominal respiration ceases; gradually then, as may be recognized by the limits of percussion, increasing loss of muscle tonus is added. In this case the autopsy showed that the peritonitis had not advanced up to the serosa of the diaphragm.”

[The *muscle tonus* when a patient is under the influence of opiates cannot be reckoned with, for that drug paralyzes the muscles, and the bowels fill with gas as was seen in this case up to the day before the abscess ruptured; on that day feeding had been suspended, resulting in a decrease of gas and an amelioration of all the symptoms.]

“Among these signs pain, either spontaneous or upon touch, a rise in temperature, increased frequency of the pulse and, in general, the signs of severe illness, are to be looked upon as the local and general symptoms of a severe septic inflammation; vomiting, at least in the first stages of peritonitis, was due to decided reflex irritation of the numerous branches of the peritoneal nerves; the fecal discharges at the onset may be explained, but by no means invariably, as due to peristalsis acting reflexly. The constipation which followed this, however, as well as the meteorism, must be

attributed to a hypotonia and paralysis of the musculature of the intestine by collateral edema.”

[Beautiful sophistry. Words well woven together are captivating and frequently dethrone reason. If I didn't happen to know better I might really believe the author of this contribution to medical science knew exactly what he was talking about.

The constipation in such diseases as this is caused by the fixing, or natural resistance to motion, which is always to be found in diseases of the bowels and is one of nature's conservative measures. The hypotonia or paralysis of the musculature was brought about by the opium; and it is certainly strange that educated men can build a symptom or condition by the administration of drugs and yet remain absolutely unconscious of the part they are playing, and proceed to build a beautiful theory explanatory of results.]

“The excessive abdominal pain, increased by movement and on the slightest pressure, caused the patient to remain motionless upon his back and to avoid the slightest movement of the abdomen either by speaking or coughing.” [This is a characteristic symptom when there is great distention of the bowels.]

“At the start the temperature was uniformly high, but later remissions in the pus fever were recognized.” [All fever would have disappeared had it not been that the intestinal putrefaction

was kept alive by feeding.] “The pulse from the onset was comparatively frequent, regular and somewhat tense.

“The vomitus was at first composed of the gastric contents, the bile of a peculiarly pure, grass-green, biliverdin color mixed with a yellowish chyme-like material, and in the later stages of the disease showed thin masses having a fecal odor (ileus paralyticus). In regard to the dejecta, the two passages at the onset of the disease pointed to increased peristalsis; this was of short duration, soon changing to the opposite condition, and until the rupture of the perityphlitic abscess absolute constipation existed.”

[The vomiting would have gone to stay within three days if no drugs nor food had been given; as it was, when real vomiting ceased the opium nausea began.

This patient was not allowed to come into that state of peristaltic elimination that is due in all cases in three days at the farthest, and which would have come to this man if food and drugs had been withheld.]

“Pain upon urination and strangury was due to inflammation of the peritoneal coat of the bladder, in which a noticeable irritation was produced by slight distention as well as by contraction of the bladder. The albuminuria was the well known infectio-toxic “febrile” form; indicanuria was in proportion to the fecal stasis.

“In the course of the next few days a new symptom was added to this group: Exudation, which was demonstrable both by palpation and percussion. It was the natural consequence of inflammation of the peritoneum, and was both of diagnostic value as indicating general peritonitis and of special value in that, more definitely than the pain, it pointed to the original seat of the affection, which, according to present indications, could only have been an internal incarceration following right-sided inguinal hernia, or femoral hernia, or appendicitis. As neither the history nor the general status (normal condition of the hernial rings) furnished any points of support for the first view, only the diagnosis of appendicitis, that is, of perforation of the appendix, could be made with that degree of certainty attainable in diseases of the abdominal cavity in general.

“After the appearance of these symptoms, a more or less firmly adherent but limited perityphlitic abscess, and a less intense although well developed peritonitis in this region, were assumed; the latter, notwithstanding the painful meteorism, was not necessarily diffuse in the strict sense of the term; the omentum often protects the upper abdominal cavity from infection, as was proven in this case at the autopsy. It is possible that this diffuse peritonitis, which did not in the early period of the affection extend beyond the limited local focus, was not due to the intestinal

contents and to bacteria, but chiefly to bacterial toxins which arose from the circumscribed original focus. This fact is pointed out by the prompt retrogression of the diffuse peritoneal symptoms after rupture of the abscess; the diffuse peritonitis of this stage might then be designated a non-bacterial "*chemical*" inflammation, according to the terminology now in vogue; finally, it was positively a bacterial infection, although the post-mortem finding of bacteria in the distant folds of the peritoneum is not proof of this; we know that during the terminal agony or after death these may wander a long distance from the perityphlitic focus." [The author plays so fast and loose with the words, "diffuse peritonitis," that I am reminded of a remark made to me several years ago by a society lady who posed as a pace-setter in all matters pertaining to the intricacies of what one should and should not do. The subject was one that I did not know much about at that time, and upon which I am not much better informed at present. It was on diamonds. I complimented her on a very beautiful sunburst. She took the compliment modestly, of course. The center diamond was large and, I thought, of uncommon brilliancy, and I remarked, "That center stone properly mounted would make a very fine solitaire." She then informed me that she once owned a *cluster of solitaires*.

The author tells us that at first the diffuse

peritonitis probably did not extend beyond the local focus; this of course is exactly what I am contending for from first to last and I insist that there was not peritonitis proper until the occurrence of the fatal relapse.

It is somewhat surprising that this article should be selected to represent the last word on this subject, when the author builds his treatment upon diffuse peritonitis; then enters into a lengthy analysis and explanation of symptoms to fit the diagnosis and treatment and before he is through with the subject he declares that the *diffusion* is *confined* to the focus of infection.

If I did not know something of the worth of words I am not sure but such an excellent explanation might persuade me! If I did not know from experience that all this is *theory, beautiful theory*, it might be very hard to resist!]

“After the symptoms of local and general inflammation with their secondary signs in the stomach and intestine had lasted for six days, suddenly a complete change took place: The nervous, anxious, extremely distressed patient became feeble and scarcely complained at all; his formerly congested face was pale and elongated, the nose pointed and cool; the skin lost its turgescence and warmth and was covered with a cold sweat; the bodily temperature also fell, the pulse became small and frequent but remained quite regular, the abdomen became softer and to a great extent lost

its sensitiveness; the vomiting decreased to a few painless attacks," [wholly due to the opium and morphine given] "and singultus disappeared: A picture which, to a certain extent, is a combination of collapse and narcosis although not to the degree of profound loss of consciousness, being the picture of an intoxication in sharp contrast to the preceding febrile state."

[That is exactly what I stated above—a case of narcotism. How is it possible that the author, recognizing the narcotism, feels it incumbent to give other explanations?]

"Just as the affection had suddenly developed to its full height at the onset of the disease, and much more swiftly than, for example, is the case in phlegmon of the external walls, so with extraordinary rapidity did the clinical picture assume a new type. In this respect we must consider the very great area of the peritoneal folds, their numerous lymphstomata, and their intimate relation to the circulation, and we are impressed with the fact that fluids and solubles, as well as formed products, are rapidly absorbed by the peritoneum.

"Somewhat less rapidly than this, but nevertheless in the course of a few hours, another change took place, a favorable turn following the rupture of pus into the intestine. Here we were dealing with a well known and familiar phenomenon; if this occurs in the peritoneum the effects are particularly well marked; similarly as in the

case of a phlegmon which rapidly disappears with the discharge of pus even although the inflammation extend beyond the pus focus, the symptoms of diffuse peritonitis promptly disappeared after the rupture. Very likely, as has already been stated, the symptoms of diffuse peritonitis in the first stages of the disease are to be referred to a chemical inflammation of the serosa, i. e., one due to toxins and without the ingress of bacteria; and it must be remembered that the clinical picture of this chemical peritonitis cannot be differentiated from that of the severe bacterial form. With the rupture of the abscess, the entrance of poisons into the free peritoneal cavity, and their resorption by the extensive peritoneal surfaces, as well as the vomiting and the intestinal paralysis, ceased. The taking of nourishment again became possible.

“The point of rupture formed adhesions, the natural drainage of the peritoneal ichorous focus ceased, perhaps a new influx of inflammatory material from the perforated appendix also took place. There was a fresh relapse of the local peritonitis which extended beyond the boundaries of the limiting adhesions, and permitted the invasion by bacteria of the free abdominal cavity. This time the severe toxic picture of collapse immediately followed, and with marked decrease in cardiac strength led to death.

“Doubtless the patient might have been saved

in the first stages of the disease by the evacuation of the abscess; the incision would at first have acted similarly to spontaneous rupture into the intestine, but the relapse would have been prevented by permanent drainage, and a radical cure might have been brought about by the immediate or subsequent removal of the appendix.

“Opium, no doubt, had a favorable effect upon the affection. By relieving intestinal irritability, and by bringing about a mild degree of narcosis, the patient was kept quiet and this materially assisted in limiting the severe perityphlitic suppuration in the first stage of the disease.” [All of which is positively not true, as I have witnessed for years.] “If, as it unfortunately happened, the point of rupture had not immediately closed again, if it had remained open until suppuration ceased and contraction and healing of the perforated appendix had taken place, opium would have been regarded as instrumental in saving the patient, and unquestionably, at least to some extent, justly so. Among other factors in the treatment, the relief to the intestine by the suspension of nourishment was of paramount importance. The subcutaneous saline infusion had an obvious but, naturally, only a transitory effect.”

The subcutaneous saline infusion is another ridiculous habit. It would really be amusing if it were not so tragic, to see patients driven to the

edge of the great divide and then see the innocent doctor throw out an impotent life line.

The absolute innocence displayed by this professional man, from first to last, his belief in himself and the mechanism of his theory and practice exculpate him from the charge of carelessness, neglect of duty or even that he didn't know what he is doing. He does know what he is doing in a way. He works as exactly as a Waltham watch and he thinks about as much as the stem that winds the watch

I cannot agree to the summing up of this case. There was not at any time, previous to the relapse and death of this patient, what we understand as peritonitis. A post-mortem examination *might* have shown the intra-peritoneal covering, of that portion of the cecum involved in the inflammation, slightly inflamed, but it is not reasonable to believe that the inflammation was of a toxic character unless adhesive inflammations can be so called.

Inflammation is always the same, it matters not what the exciting cause may be. It is an exaggerated physiological process. If there is inflammation of any part of the body it means that there is an exaggeration of function. Its intensity will be in keeping with the exciting cause. If the cause is intense heat or cold, or a corroding acid or alkali, the local action may be great enough to destroy the part; the inflammation following will

be of the contiguous structure outside of the killing range of the cause, and it will be a simple—non-toxic—inflammation unless the secretions thrown out in excess of the reparative need are retained by dressings or prevented in some other way from draining away. If these secretions are kept bound on the raw surface by dressings until they decompose—yes, until the fermentation causes germs—the wound will become infected, and to what extent will depend upon the amount of malpractice—carelessness or ignorance—to which the case is subjected.

If the inflammation is caused by decomposition or a toxic agent, the extent of the process will depend upon the integrity of the part infected and the state of the general health, also upon the local environment—such as pressure interfering with the circulation of the blood.

In this fatal case there was the constitutional derangement and the toxic state of the alimentary canal; then there was the *exciting cause*, sufficient to create a local infection, the symptoms of which were given at the beginning of this description, and which lasted for a few days; during which time the patient, no doubt, was eating and possibly taking home remedies to move the bowels, etc. These preliminary symptoms were followed by a severe pain in the right lower abdominal region, followed with chills, fever, nausea, vomiting and later by painful movements from the bowels, small

in character, and soon after this distention of the bowels from gas.

During the few days of preliminary symptoms nature was going through the usual preparation of fixing the parts. The muscles were becoming rigid, which is one of nature's plans for protecting an inflamed part; the infection was striking deeper and arousing all the defenses. Possibly there had been a local inflammation of long standing, gradually degenerating into a fecal ulcer, which means that there was a spot of ulceration deep enough for fecal accumulation and the accumulation created fresh infection, which lighted up an active inflammation setting all the parts into defensive activity. The muscles of the abdomen, the bowels and all involved and contiguous parts became set or fixed; and when this rigid state became established, the bowels below the cecum refused to receive the contents of the small intestine; hence when the peristaltic movement started at the head of the small intestine it found that an embargo had been laid on the cecum and lower bowels so that nothing could pass. This embargo took effect "about midday; he was seized with very severe pain." What was this pain? What is the pain that always attends obstruction of any kind? It is the desire for the bowels to move when they are unable, on account of the stoppage, to do so. Is there a reader who can't conceive of the terrible suffering that must come from such

a state of the bowels? The pain is not from the spot of inflammation, or ulceration, or the forming abscess, whichever is the exciting cause of all this trouble; for, if it were, the pain would not stop in three days, or after the patient has been fasted long enough for the peristaltic movements to subside. No, the local inflammation is not sufficient within itself to cause any more pain than this patient had the few days before he went to bed; it takes obstruction to bring suffering, and even obstruction will not cause pain *per se*, for this is proven in all cases rightly treated. As soon as the stomach and upper bowels are rested from food and drugs, all pain is gone and will never return unless the patient is badly handled.

In this case opium and morphine were given; this was very bad treatment, for these drugs always produce nausea and vomiting, exactly what was not desired because of the evil effect the retching had on the forming abscess. It is true that these cases frequently vomit the first three days after the obstruction, but there is practically no danger from retching that early in the disease. Again, the opium masked the case dreadfully; for it produced vomiting at that stage of the case when there should have been no trouble with the stomach at all, and induced a tympanitis that was mistaken for the same state brought on by peritonitis.

In this case the doctor was in a mental mist

from the beginning to the end; notwithstanding he was so confident that he knew all about his patient, that he has given the case a careful summing up so that it may be put with the medical classics.

The doctor is in error when he gives the name of "Acute, Diffuse Peritonitis." The case could not have been peritoneal perforation at the start, for the symptoms do not justify the diagnosis. A perforation causing diffuse peritonitis so early would have a higher pulse and temperature, and death would have followed within a few hours.

I can believe that there might have been an ulcer extending to the peritoneal covering, and this set up local peritonitis; but there was not at any time before the fatal relapse, a toxic inflammation within the peritoneal cavity; hence there was not diffuse peritonitis, and there could not have been without complete perforation which would have ended the case in death very soon.

In this case the point of infection was walled in, as all such cases are, with exudates and whether the appendix was primarily affected or not doesn't matter; it was within this enclosure and found to be ruptured, which is common; but its rupture was of no consequence because the escaped contents were in the abscess cavity that finally emptied into the cecum, the natural outlet in all these cases if they are left to nature and not

officially fingered—thumbed and punched to death.

The distinction drawn by this author between toxic and bacterial peritonitis is, to my mind, a distinction without a difference.

In this case the tympanitis following the obstruction was due to the fact that the gas in the bowels was retained for a few days because of the completeness of the obstruction, and would have passed off in three days had it not been for the paralyzing effect of the opium; hence the distention that came from gas was succeeded by the distention peculiar to opium and caused the doctor to believe that he had a case of diffuse peritonitis when, in fact, he had a case of gas distention due to morphine paralysis. The morphine directly and indirectly weakened the heart. The distention of the bowels was a constant interference. The pulse at the start was fine at 112, but in six days it had increased to 140 and finally reached 160.



CHAPTER VIII.

The following case comes to my mind, for some of the initial symptoms are similar to those of the case just described:

M. B., age 42, farmer, was taken sick with the usual symptoms of appendicitis as near as I could get the history from his wife, who was his nurse. He lived twenty miles from Denver. When he was taken sick he called a local physician who treated him for *bilious diarrhea*. The drugs used, as near as the wife could remember, were small doses of calomel followed with salts to correct the liver, morphine for pain, and bismuth and pepsin for digestion and diarrhea, and quinine to break the fever; also hot applications on the bowels. The pain was so great that morphine had been given quite freely.

At the end of one week the sick man, being no better, declared that he would go to Denver and consult another physician. When he told his physician what his intentions were, the doctor advised him not to attempt the trip himself, for he was too sick, but to send for the physician. The sick man was wilful and forceful, and he was also afraid of the cost; and, being a plucky fellow, he

declared that he could go just as well as not and that he would and he did.

His wife was a large, strong woman and gave him valuable assistance, but I never have understood how it was possible for so sick a man to make the journey from his home to my office. He was obliged to help himself a great deal in climbing in and out of ordinary conveyances to reach the train and, when in Denver, with his wife's assistance, he walked a half block to the street car; then from the car to my office he was obliged to walk one block and at last climb one flight of stairs. When they came into my office the wife was almost carrying him. I saw at a glance that he was a desperately sick man, and before I attempted to examine him I had him lie down for a while.

He had no history of any previous sickness; he had always been very healthy, and his life had been spent in hard work in the open air.

The general appearance of the man was that of one suffering from diffuse peritonitis. The abdomen was enormously distended; this symptom more than any other caused me to fear and wonder—fear that rupture would take place before he could be put to bed, and wonder how it was possible for a man to be out of bed and go through what he had gone through that morning without causing a fatal injury of some kind. The distention, I was informed, had been gradually coming

on from the first, and he had been given morphine to control the pain from the first day of his illness. When they gave me this information I knew that the tympanitis was due to narcotic paralysis, instead of coming from perforative, septic peritonitis, as the general appearance and symptoms indicated. This reasoning gave me hope in spite of the formidable appearance of the case.

The pulse was 130, temperature 102° F., in the forenoon; he had been troubled with nausea a great deal, but with the exception of one or two vomiting spells, the first and second day, the nausea did not often cause retching. The mouth and lips were dry, tongue coated, bad taste in mouth and breath very offensive.

The reason there had not been more vomiting in this case was because there was diarrhea at first and not quite so much locked up fecal matter as common. The bowels had been relieved of the usual accumulation more than is common to the majority of such diseases before the swelling and fixation had become established.

There is a small percentage of people who are not quite so irritable as others; in these the contraction, constriction or fixation—the embargo laid on these parts by nature in her conservative effort at preventing movement—is not established quite so early, and the efforts on the part of doctors to force a movement are more successful

in cleaning out a part of the accumulation; or there may come a diarrhea from the putrefactive poisoning which is causing the infection of the cecum or appendix and leading to abscess, and this causes a partial cleaning out before fixation is established; in these cases there is never so much vomiting nor nausea, neither do they suffer so much pain for there is not the usual accumulation in the alimentary canal to excite the peristaltic movement.

The history that the patient and his wife gave me from memory was that the urine had been scant, and at times painful to pass. There had been from the start severe pain in the lower bowels, but neither the patient nor his wife could remember if there had been more pain on right, lower, frontal region than anywhere else; they both declared that the pain was all through the bowels and that there was much bearing down like unto the pain of a diarrhea.

Breathing was shallow, of course; it never is otherwise in severe abdominal distention.

I scarcely touched the abdomen, for I knew I dare not press, in percussing, enough to distinguish any sound except the tympanitic. It has never been my custom to allow my curiosity to run away with my judgment, and cause me to make needless examinations.

All examinations are needless when, it matters not what the diagnosis can or must be, the

treatment will be the same. All possible bowel troubles which present the same general symptoms of the disease I am here describing, must receive a like general treatment. This being true, it matters not what the difference is, there cannot be a variation requiring a bimanual examination to differentiate it that will justify the risk. All examinations are needless and criminal when there is a possibility of rupturing an abscess. Especially is this true when it is a *positive fact* that all typhlitic and appendicular abscesses will open into the bowels if allowed to do so.

In this case I reasoned as follows: This must be a case of abscess, for the signs of obstruction are not those of complete obstruction, such as are seen in hernias, volvulus, constricting bands and many other causes not necessary to mention. If there were complete obstruction there would be increasing nausea and vomiting, ending in collapse and death. This tympanitis cannot be from peritonitis for perforation would be necessary to cause it and nothing would stop the progress after it had once started except to open the cavity, wash and drain. Hence this cannot be peritonitis, for there has been no operation and the patient still lives. It can be distention from the effects of morphine, but there must be more than morphine paralysis for there is a temperature of 102° to 103° F., and there has been, so the wife says, a temperature of 104° F. The pulse rate being 130

does not indicate fever nor exhaustion, and is not in keeping with the temperature nor physical strength, hence the rapidity must be partly due to pressure on the diaphragm from the gas distention and partly from the paralyzing effect that opium has on the heart.

The professional reader will see that I have by my analysis eliminated much of the formidableness that the physical appearance gives to this case, but I would not have you believe that this man was not a desperately sick man even if I have accounted for the dangerous symptoms. The fact is, if the pronounced symptoms had been what they appeared to be, the man would have been saved his trip to me, for he would have been dead.

The farmer had learned from experience that the less he put in his stomach the better he felt; hence, for a day or two before he left his home to consult me, he had refused food and drugs and had taken very little water.

After giving the sick man a rest in my office I had his wife take him to the home of a friend with whom they had arranged to stay while in the city. In a few hours I visited him and made the following prescriptions and proscriptions: Positively no food, not one teaspoonful of anything except water. An enema of half a gallon of tepid water to be used once each day for the purpose of clearing out the bowels below the constriction, and I advised against violence—rough handling. A

hot water jug to the feet, ice to the abdomen, all the fresh air possible in his bedroom and absolute quiet. If nauseated, enough water to control thirst was to be used by enema; if the stomach was all right all the water desired by mouth.

I called the second day; the patient had slept some—he thought about three hours of broken rest—feeling fairly comfortable; pulse 120, temperature 101° F., at 9:00 a. m.; 102° F., at 5:00 p. m. Third day: Temperature 100° F., at 9:00 a. m.; 101° F. at 5:00 p. m.; one-third of the tympanitis gone; slept six hours; hungry and demanding food. I said, “No, you get no food until the bowels move.” The ice was taken off the bowels; hot cloths were substituted.

The fourth day the temperature in the morning was 100° F.; in the afternoon 101° F., pulse 100; slept well, hungry, bowel distention reduced fifty per cent. I touched him very lightly and found enough to confirm my diagnosis of typhlitic abscess; this was the first time I had felt that I was justified in attempting to confirm my suspicions, and even this examination could not be called a palpation, for I put no weight upon the abdomen. The patient was very dissatisfied because I would not allow him food. I said, “No, you can’t eat until your bowels move.” “How soon will they move?” he asked in an irritating and ungracious manner, to which I replied, “Your God only knows, and He won’t tell.”

Fifth day about the same, a little better; very ugly because I would not allow him food. He said: "I don't believe there is anything the matter with me; you are holding me down."

Sixth day about the same, feeling fine, sleeping fine and *starving to death*. He made himself so unpleasant by his clamoring for food that I permitted his wife to give him a half dozen Tokay grapes. He had scarcely swallowed the sixth when he had all the pain he wanted. His wife came to my office in great excitement: "Doctor, please come at once to see my husband; he is much worse, he is in agony with his bowels." My answer was: "Go back and renew your hot applications to the bowels and tell your husband I permitted him to eat the grapes because he had been so unkind and ungrateful for the comfort that had been given him; tell him that I knew the grapes would give him pain and that the pain will not wear off entirely for twelve hours, and that I will not see him before to-morrow morning."

I called as I agreed to do the next day, the seventh day since the case came under my management, and the fourteenth day from the beginning of the disease. The sick man was out of humor. To my question, "Would you like something to eat?" he drawled, "Na-a-aw! I never intend to eat any more; but I would like to know when my bowels are going to move." Of course I could not tell him any more than I had told him

before, namely, that under such circumstances they usually require from fourteen to twenty-eight days.

From this time on every day was much the same; no elevation in temperature, and the pulse ranged from eighty to occasionally one hundred; no pain, sleep good, that is, as good as people generally sleep who are on a continuous fast—under a continuous fast the sleep is good but not heavy nor long at a time.

It is a fact that when these cases are properly handled they are not sick after the first week; they do not look sick; they get to thinking that it is folly to stay in bed and live without food, and of course their neighbors know that there isn't anything the matter with them; that the doctor is starving them to death. Quite a number of my patients have brought themselves near death's door from disobeying instructions and taking the advice of knowing neighbors. They were persuaded to "eat"—"eat all you want, for the doctor will not know it."

This is one disease that will give the disloyalty of the patient away every time.

On the morning of the nineteenth day of his sickness, and the twelfth day of my services, I called to see the sick man, and before I could ask him a question he shot out his hand toward me

and exclaimed, "My bowels moved at four o'clock this morning! I want a beefsteak for my breakfast!" I congratulated him on his fine condition and ordered him a dish of mutton broth. This disgusted him thoroughly, and his reply was in kind: "A dish of broth! After fasting two days on my own prescription, and then twelve days on yours, I am to be rewarded with a dish of broth." I explained that he had a large abscess cavity that would require several days to empty, collapse and draw together, and if he should eat solid foods too soon he would run the risk of cultivating chronic appendicitis—recurring appendicitis. I advised him to live on liquid foods for three or four days, and after that he could have solid foods if he would practice thorough mastication.

The action from the bowels had been saved for me; there was an ordinary chamber half full; it looked to me like at least a half gallon of fecal matter, pus and blood; it was dreadfully offensive. Six hours after the first movement I was informed that he had another movement very similar in quantity and consistency; this movement I did not see, for I did not visit the man after the morning of the nineteenth. He left for his home on the morning of the twenty-third and has had excellent health ever since.

If this man had been subjected to daily examinations, food and drugs, would he have presented the same symptoms? Indeed the tympanitis alone

would have killed him. Was his case *diffuse peritonitis*? No! For if there had been intra-peritoneal infection in the first place, it would have required perforation, and then, without the opening up of the peritoneal cavity, washing and draining, there would have been a funeral.

The following is a similar case except that the woman came into my hands the first day of her sickness. Her symptoms were: Nausea, vomiting and pain all over the bowels as she said—as much pain in one place as another—temperature 102° F., which ran up to 103° F. in the p. m.; pulse 110, and a history of constipation. She had several movements from the bowels through the night before I was called in the morning. The movements were small and accompanied with much griping; the patient said that if she could have a good cleaning out of the bowels she felt that she would be well. I informed her that she had appendicitis and that she would be compelled to remain very quiet in bed, with ice applied locally until the temperature was reduced to 101° F., or less, and then substitute hot applications. For the pain I had her stay in the hot bath until relieved, and when the pain returned she was to go to the bath again. The bath water was ordered to be used as hot as possible. Every night an enema of warm water. The treatment did not vary from the farmer's and the results were the same—her bowels moved on the nineteenth day; the consistency and amount

were about the same, and I had her exercise care about her eating for a week after the abscess discharged. From the end of the first week of her sickness until the abscess broke she expressed herself freely that she did not believe there was anything the matter, and that going without food when one felt well was foolish; however, she obeyed and had no suffering.

A son of the woman whose case I have reported above was taken down the same way one year after. I explained the situation and told the young man that he must keep quiet and go without food just as his mother did the year before. I did not think it necessary to visit him very often, for he knew how his mother was treated, besides she was with him to advise.

Within three days he was comfortable, and remained so until about the seventh or eighth day, when he decided he would take a glass of milk and not say anything to me about it. He took the milk and was writhing in pain within two hours. I was sent for, and of course asked what he had eaten, whereupon he told me that he had taken milk. Within twenty-four hours he was easy and cured of his desire to eat until ready for it. This case terminated by rupture of the abscess on the fifteenth day.

Neither of these cases had any tympanitis worth mentioning. All cases that I have ever seen with great bowel distention are those coming into

my care after being subjected to the usual feeding and medicating.

Now we will go over Dr. Vierordt's case in connection with mine and see if his case of *diffuse peritonitis* is not about as near like my case as it is possible to have two cases.

His patient was a merchant 31 years old, mine a farmer 42 years old. There is a difference in these two men, caused by their occupations. The merchant could not have made the trip to my office as did the farmer, for several reasons: First, merchants are pampered; they are not used to discomfort; they are not used to waiting upon themselves as country men are. When they are sick they send for the doctor; the farmer goes to the doctor. The merchant has learned the habit of spending his money and the farmer has learned the habit of saving his, and perhaps that one statement is enough for the discerning.

The merchant was too sick to make such a trip and he knew it. The farmer was too sick to make the trip and he didn't know it. This is the vital difference between these two cases.

The merchant was tympanitic from the first day of his prostration, which is not usual. On the fourth day his temperature was 104° F., pulse 120 to 136, mind clear but anxious. His lesser symptoms were about like the farmer's, with the exception that the merchant had been given more

narcotics and presented more of the *dorsal decubitus* than the farmer. Laymen, the plain every day meaning of dorsal decubitus is lying on the back. In low forms of disease it is looked upon as an unfavorable symptom. Where much morphine has been given it denotes prostration peculiar to the drug. My patient was on his back for several days, because it is impossible for a patient to stay on either side while suffering from severe tympanitis.

On the sixth day the merchant's pulse was 140 and the temperature 101.3° F., which proves, if nothing else does, that he did not have diffuse peritonitis, for it is impossible for a patient to have *acute, diffuse peritonitis*, be drugged and fed, and go through the daily physical examinations such as he was put through, and on the day before the abscess breaks into the bowels show a temperature of 101.3° F. The pulse counts for nothing in such a case as this; I did not look upon the farmer's pulse as indicative of any serious state, for I knew the opium had caused it. If the pulse of either the merchant or the farmer had been due to peritonitis death would have ended either one before his abscess had broken. In fact diffuse peritonitis comes from perforation with discharge of the abscess contents into the peritoneal cavity, and it always spells death.

When vomiting recurs, or continues after the third day, there is malpractice, or there is a

serious complication, or there is a mistaken diagnosis.

It is well to get this one fact well in mind, namely, appendicular and typhlitic abscesses are not accompanied with complete obstruction; hence, when the symptoms are so profound as to point to absolute obstruction, no delay should be made in having the abdomen opened and the obstruction, whatever it is, should be removed at once.

The fact that the bowels do not move in from twelve to twenty-one days should not be looked upon as total obstruction. What obstruction there is is due to fixation of the parts and is truly a physiological rest—it is on the order of the fixation of an inflamed joint—the joint appears to be ankylosed, but as soon as the pain is gone it becomes as movable as ever.

Again, if the case is really obstruction it will grow worse daily even if my plan of treatment—absolute rest from everything—is carried out to the letter.

There is not any danger of the abscess opening anywhere except into the bowels, for that is in the line of least resistance and, if it fails to do so, it is because it is badly managed.

CHAPTER IX.

I have appendicitis; what shall I do to be saved? Don't eat anything until well. Use a stomach tube and wash out the stomach; then use a fountain syringe and wash out the bowels; take a hot bath as hot as can be borne, and stay in the tub until all the pain is gone, or as long as possible; then go to bed, put ice on the bowels and keep the ice on until the temperature is reduced to 101° F., then hot applications; when the abscess is well defined and feeling comfortable, keep on a poultice until the bowels move.

Use an enema every night as a routine, and drink all the water desired.

Don't manipulate the forming abscess, nor allow anyone else to do so.

If you are really in doubt about what you have, think over what I have written about strangulation or positive obstruction, and if you think you have it, send for the best physician you know and get his opinion of whether you have obstruction or not, but don't allow him to burst an abscess with his manipulations! For, my word for it, if he can't weigh symptoms and tell whether or not you have complete obstruction without punching holes in you with his bimanual manipulation, neither would he be able to do so after examining you.

I do not say this because I like to make it hard for doctors, but I prefer staying the heavy hand of the doctor to keeping still and allowing him unwittingly to kill his patient.

First of all wash the stomach out with a syphon tube, then see to it that nothing but water goes into the stomach until the bowels move.

I put my cases on a complete fast, give no drugs, apply ice to the region of the appendix, keep the feet warm, and keep the patient in an atmosphere of hope and belief in his recovery, and a recovery always follows. I prescribe an enema of warm water once or twice daily, getting all the water possible into the bowels.

These patients are so comfortable after the second or third day that it is hard to make them or their friends believe that they have appendicitis. People are so afraid that they will starve to death if they have no food for a few days that they make haste to get put on a killing treatment rather than run any risk. This fear is absurd. Physicians are largely to blame for this popular fear, for those who do not feed by mouth still have the idea that their patients must have nourishment, so they feed by rectum. This is also absurd. What the patient needs is rest, and the more complete the rest the quicker the recovery. Give the patient all the water he wants.

The bowels will move in fourteen to twenty-eight days from the beginning of the attack. Then

the fast can be broken by giving a glass of hot milk, which is to be chewed well, or given in the form of junket; this is to be repeated three times a day for a week, or give the milk twice a day and a plate of mutton broth for the third meal. I do not give solid food because there is a large abscess cavity opening into the bowels, and if solid food is given before it has time to close, it is liable to find its way into this cavity, thereby preventing healing, and bringing on a chronic condition that will ultimately end in death. The less food taken for one week after the discharge takes place, the better. Any rational individual should see that withholding food is the proper treatment. Milk should be thoroughly mixed with saliva or not taken at all. Remember that if milk is not taken with *great deliberation*, and great care given to *thoroughly insalivate* each sip, then it amounts to the same thing as eating solid food.

Milk is a solid food when taken into the stomach as a beverage or a drink like water.

In appendicitis all nature cries out for rest, and if it is given 99 out of every 100 cases will get well and there will be no suffering and no danger after the first seventy-two hours.

The ordinary physician sends for a surgeon, and if he is a victim of the surgical mania the patient must be operated upon at once, for if twelve or twenty-four hours are given, the conditions may clear up and an operation will be un-

necessary. The majority of surgeons feel that they will forfeit their right to heaven if they do not cut at once. The consequence is that there are many patients operated upon who are as innocent of having the disease as the surgeon is innocent of a knowledge of a better plan of treatment.

Of course, the surgeon declares that pus should be let out by cutting into it, or it is liable to break into the peritoneal cavity and cause death. This is positively not the truth, for when an abscess threatens nature at once proceeds to throw a wall around in order to avoid accidents. All around the point of prospective abscesses, heavy walls of adhesions are built, and if nature is not interfered with, the abscess will break into the gut, because it is the point of least resistance, and it is also the point favored by gravity. The surgeons when they operate in these cases work exactly opposite to nature.

If these abscesses are allowed to open into the bowel and solid food is kept away from the patient, full and uncomplicated recovery will take place. If solid food is given too soon it is liable to find its way into the abscess cavity and cause a blind fistula, which may take on acute inflammation at any time. These cases then become chronic and are called recurring appendicitis. It is sound surgery, in dealing with abscesses, to find, if possible, the direction nature is taking to evacuate pus and be guided by this suggestion in evacuating a pus cavity.

In order to cure appendicitis you must remove the cause. Cutting off the appendix, opening an abscess, withholding food till the acute symptoms have passed; such treatment is not removing the cause. Nothing short of changing the eating habits of the patient will cure, so the surgeon who knows nothing about food and its action—what part improper eating has to do with bringing on the disease—will never be able to cure.

Operating for this disease will fall into disrepute in time, for there are already cases recurring and the second and third operation will be necessary among those who survived the first. There is not a scintilla of logical reasoning in defense of the operation. Because some get well after an operation is no proof that the operation was necessary; fortunately for the operator there is no way to prove that the case operated upon would have recovered without the operation. If the case be not complicated by bungling treatment an operation is uncalled for. If a case has been medicated and fed to death—abused to the extent of causing a rupture into the peritoneal cavity—surgery must be resorted to as the only hope.

If a case survive an operation the patient is no wiser than he was before, and knows nothing about avoiding another attack, for let it be said loud enough to be heard by all, and with no fear of successful contradiction, that if every child at birth should have the appendix removed there

would not be *one case less* of appendicitis than there is with the appendix intact. Of course, technically there could be no appendicitis without an appendix, but the cecum would become inflamed just as readily.

No amount of forcing drugs given by the mouth can induce a movement from above the constriction, but a great amount of pain can be produced by attempting to force a passage. No one comprehending the true state of affairs would be foolhardy enough to try to force the bowels to move. The reader can readily imagine the great pain and danger liable to follow cathartic drugs, for they stimulate severe peristaltic contractions. The contractions drive the contents of the small intestine against the inflamed cut-off, but there it must stop. If the parts have become softened, which they do by the inflammation, there is danger of perforation and an escape of the contents of the bowels into the peritoneal cavity, after which diffuse peritonitis and death follow. Surgery can hardly hope to save such patients; in fact they usually die; this is why the surgeon recommends an early operation.

If all cases are to be so abused and if there were no better way to treat them I also should say, operate at once as soon as the disease is discovered; but I know from years of experience that there is a better way to care for these patients.

CHAPTER X.

Allow me to repeat: As soon as a case is diagnosed the proper treatment is to stop all medicine and food, for they excite movement, and this should be avoided. Give nothing but water. Keep ice over the inflamed spot. Keep the patient quiet, and the feet warm. There is absolutely nothing to be done until the bowels move, which will take place in from fourteen to twenty-eight days. The patient will not starve to death, nor will there be any danger that the abscess will open anywhere except into the bowels. After the bowels move, one glass of hot milk is to be given three times a day, so there will be no danger of solid food finding its way into the cavity of the abscess.

To be safe I insist on a fluid diet for a week after the bowels move, and a light diet for two or three weeks more. Cases taken through in this way, and then instructed in never allowing the bowels to become loaded again, will not only make a good recovery, but there is no tendency for the disease to return if the patient is prudent. I say that there need not be a death from this disease if these suggestions are properly carried out. The cases that die every year are killed by food and medicine.

Surgery has gained its reputation in these cases because of the stupidity of the average physician and patient. Cases taken through in this way are comparatively comfortable; they may pretend to suffer from hunger, but it is principally imagination. If my plan were generally adopted the dread of this disease would disappear; surgeons would get left on some fat fees, and the undertaker would look glum after the fall crop.

There are a few laymen so wilful and incorrigible that they can't be depended upon to follow instructions. They will break rules, be imprudent in eating, and in many ways disregard their own interests. Such cases should be sent to the surgeons as early as possible, before they have time to complicate their disease and make a complete recovery impossible; however, people with such temperaments usually find an early grave and they might as well go by the surgical route as any other.



GLOSSARY AND INDEX

GLOSSARY

Albumin—A proteid; white of egg is almost pure albumin.

Albuminuria—Albumin in the urine.

Anabolism—Constructive metabolism; building up.

Anchyloused—Union of bones forming a joint, resulting in stiff joint.

Anemia—Deficiency of blood.

Aneurysm—Dilation of an artery. Rupture of inner coat of artery.

Anorexia—Loss of appetite.

Antiseptic—An agent that restrains or destroys putrefaction.

Apathy—Indifference.

Arthritis—Inflammation of a joint.

Aseptic—Free from septic matter. Cleanliness—clean.

Asthenia—Loss of strength. Weakness.

Ataxia—Incoordination of muscular action. Paralysis.

Atrophy—Wasting of a part from lack of nutrition. Withered up.

Bacillus—A rod-shaped bacterium. A germ.

Biliverdin—The green coloring matter of the bile.

Bronchitis—Inflammation of the bronchial tubes.

Catarrh—Inflammation of the mucous membrane.

Catheter—A tube for emptying the bladder.

Cicatrix—A scar.

Collapse—A breakdown or failure of the vital powers.

Colitis—Inflammation of the colon.

Coma—Stupor; abnormal sleep.

Congestion—Hyperemia; too much blood in a part.

Constriction—Drawing together of a part, especially a tube.

GLOSSARY.

Cryptogenetic—Generated within.

Cutaneous—Referring to the skin.

Cyst—A membranous sac containing serum, pus or fat.

Cystitis—Inflammation of the bladder.

Delirium—Mental wandering due to disease.

Depurate—Purify; cleanse.

Diarrhea—Too frequent bowel evacuations.

Diazo Reaction—A urinary test in tuberculosis and typhoid.

Dorsal Decubitus—Lying on the back.

Ectopic Pregnancy—Fetus located outside of uterus.

Edema—Excessive amount of serum in cellular tissue. Dropsy.

Embolus—An obstruction of blood vessel.

Encysted—Enclosed in a cyst.

Endemic—Confined to one locality or district.

Endocarditis—Inflammation of the lining membrane of the heart.

Endopathic—Disease generated inside of body.

Enema—The injection of a fluid into the bowels.

Enteritis—Inflammation of the small intestine.

Enterolith—Stone in the bowels.

Enterocolitis—Inflammation of small intestine and colon.

Enzyme—A ferment.

Enzootic—Epidemic disease influence affecting animals.

Epidemic—Widespread disease influence.

Eructation—Belching.

Exacerbation—Increased severity of symptom.

Exopathic—Disease generated outside of body.

Facies Hippocratica—Drawn countenance preceding death.

Febrile—Referring to fever.

Femoral Hernia—Protusion of some of the abdominal contents into femoral canal.

Foetor ex ore—Stench from the mouth.

Follicular—Having small secreting cavities.

GLOSSARY.

Gangrene—Death of a part of a living body.

Gastric Lavage—Stomach washing.

Gastritis—Inflammation of stomach.

Gastro-enteritis—Inflammation of stomach and bowel.

Gynecology—The science which treats of women's diseases.

Hemorrhage—Bleeding.

Hepatic colic—Colic due to passing of stones through the gall ducts.

Hernia—The protusion of any of the viscera from their cavities.

Hyperemia—Too much blood in a part.

Hypertrophy—Increase in size of a part beyond the normal.

Hypostatic—Due to settling through gravitation.

Ichorous—Referring to thin, acrid pus.

Ileo-cecal—Referring to the ileum and cecum.

Ileo-colitis—Inflammation of ileum and colon.

Ileus—Intussusception, telescoping.

Iliac fossa—Depression in the angle of flank.

Indicanuria—Indican in the urine.

Insomnia—Sleeplessness.

Intussusception—Slipping of one part of the intestine into another.

Invagination—Slipping of one part of the intestine into another.

Katabolism—Destructive metabolism.

Laparatomy—Opening the abdominal cavity.

Leucocytosis—Increase in white corpuscles of the blood.

Lumbar—Referring to the loins.

Lumen—The cavity of a tube.

Lymphostomata—Opening or mouths of lymphatic vessels.

Marasmus—A wasting away.

Mediastinum—The partition of the thoracic cavity. Space between the lungs.

GLOSSARY.

Meninges—The membranes covering the brain.

Metabolism—Nutrition.

Metastases—Changes in the location of diseases.

Meteorism—Excessive amount of gas in bowels.

Micturition—Urination.

Mucosa—Mucous membrane.

Mucus—Secretion of the mucous membrane.

Mucous membrane—Membrane lining passages and cavities.

Narcosis—Insensibility to pain brought on by drugs.

Nephritis—Inflammation of kidneys.

Obstipation—Constipation.

Omentum—Commonly known as leaf fat.

Oöphorectomy—Excising a normal ovary.

Ovariectomy—Excising a diseased ovary.

Pabulum—A nutritive substance.

Paracolon Bacillus—A bacillus resembling the colon bacillus.

Paralysis—Inability to move a part.

Paratyphoid Bacillus—Bacillus resembling the typhoid bacillus.

Perityphlitis—Inflammation around the cecum.

Periostitis—Inflammation of the membrane covering the bones.

Peritoneum—Serous membrane which covers nearly all abdominal viscera.

Peritonitis—Inflammation of peritoneum.

Peristalsis—The vermicular movement of the bowels.

Phlebitis—Inflammation of a vein.

Phlegmon—Inflammation of areolar tissue with formation of pus.

Pneumonia—Inflammation of the lungs.

Proctitis—Inflammation of the rectum.

Prophylaxis—Prevention of disease.

Ptyalin—Starch digesting ferment in saliva.

Puerperal—Referring to child bearing.

GLOSSARY.

Purulent—Referring to pus.

Pyemia—Pus in the blood.

Pyogenic—Pus forming or pus secreting.

Quinsy—Acute inflammation of tonsils accompanied by fever.

Renal colic—Colic due to stone in the ureter.

Rupophobic—Insane dislike of dirt.

Salpingitis—Inflammation of Fallopian tubes.

Sepsis—Putrefaction.

Septicemia—Blood poisoning due to putrefaction.

Serosa—Serous membrane.

Serum—Fluid part of blood.

Shiga Bacillus—One of the so-called causative factors in dysentery.

Singultus—Hiccough.

Sordes—Foul coat around the teeth.

Splenitis—Inflammation of the spleen.

Strangury—Dribbling, painful urination.

Strangulation—Constriction.

Stricture—Constriction of a tube.

Subsultus Tendinum—Convulsive muscular twitching.

Sulphonal—A hypnotic or sleep-producing drug.

Suppuration—Pus formation.

Tenesmus—Rectal pain with spasm; straining.

Toxic—Poisonous.

Traumatism—Wound produced by causes external to the body.

Tumefaction—A swelling.

Typhlitis—Inflammation of cecum.

Typho-malaria—A disease partaking of the character of both typhoid and malaria.

Umbilicus—The navel.

Urethra—The excretory canal of the bladder.

GLOSSARY.

Visceral—Referring to the contents of any of the body cavities.

Volvulus—The twisting of the bowel upon itself.

Zymosis—Fermentation.

Zymotic—Pertaining to fermentation.



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A STUFFED CLUB

A monthly periodical of an educational nature, devoted to popularizing, as much as possible, professional knowledge, and eliminating popular errors and false teachings in general, and on health in particular.

It should be generally known that the tendency is very strong for the professions to fossilize, their pretensions to the contrary notwithstanding; and the only way to force advancement is to elevate the standard of popular education. This is exactly what the Club has been endeavoring to do for nearly ten years, and the encouragement has been so great that the periodical has doubled in size since its first issue, and will no doubt be required to do so again at no far distant date.

Many find fault with the name, and it is not strange that they do, for it is meaningless until understood. The name, "A Stuffed Club," within itself carries no suggestion. This I knew when I adopted it, but the name was so freighted with meaning for me, and the necessity for its application so universal and incessant, that I could not do otherwise than add this handicap to an already overburdened little monthly, a handicap that will

remain as such so long as the magazine and its editor exist. This is the price I pay for the privilege of selecting the best fitting and most appropriate name that can be found for the work I am doing.

No one besides myself can see exactly how "A Stuffed Club" fits every article that has ever been published in it, for it would be necessary for one to see what I have seen and feel what I have felt.

The name was selected because of the utility of its meaning, its very exceeding adaptability and the universality of its application.

Of all the colloquialisms or slang phrases that have ever come to my notice, nothing has carried such a clever, insinuating suggestiveness as "A Stuffed Club" and the meaning ascribed to it.

The expression was very popular in my boyhood, and was used in the following sense: If some one should act in a foolish manner, do something that was not in keeping with his usual custom, it would be said, "Someone should take a stuffed club to him," or, "The fool! He should have known better; someone ought to take a stuffed club to him."

When people failed to use good judgment—held to erroneous opinions—practiced fanaticism—allowed others to think for them—refused to progress—were inveigled into schemes and impossible dreams and were separated from their

money—in fact, when unwise in any way, it was said of them, “They need a stuffed club—some one should take pity and use a stuffed club on them—a stuffed club would help the fools a little.”

A wink and the mention of a stuffed club was usually indicative of a foolish act or some form of incorrigibility on the part of the one referred to. Where people were especially dense or stupid it was necessary to take a stuffed club to them for the purpose of beating a little sense into them; if they needed correction they were said to be in need of a stuffed club.

I trust that this explanation will enable those unacquainted with the Club to understand that it is a free lance and critical in its habits. The Club goes after superstition in all lines, particularly medical superstition, in a manner beneficial to the reader.

Edited and published by J. H. Tilden, M. D.
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